A Guide to

COMPREHENSIVE REHABILITATION SERVICES TO THE HOMEBOUND DISABLED

(A Textbook)

Sponsored By

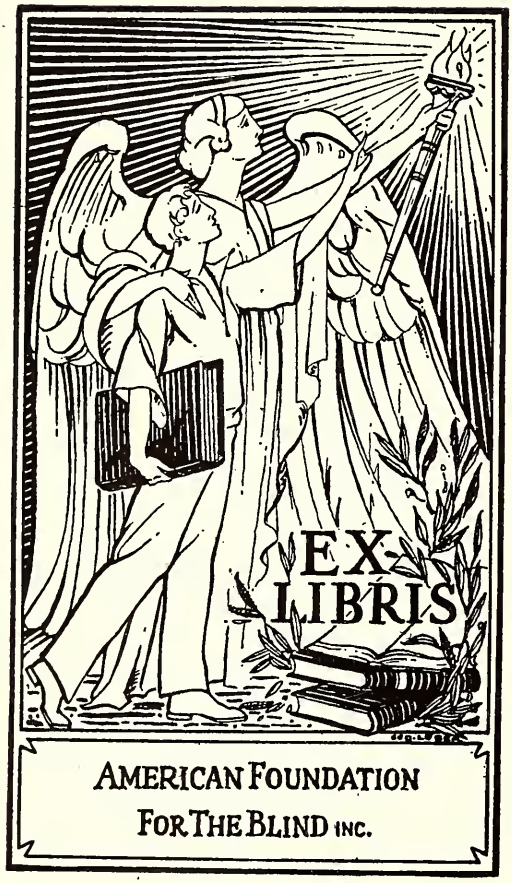
THE NATIONAL ASSOCIATION OF SHELTERED WORKSHOPS AND HOMEBOUND PROGRAMS, INC.

Under a

U. S. OFFICE OF VOCATIONAL REHABILITATION TRAINING GRANT

No. 4

APRIL, 1961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FOREWORD

Concern for the homebound disabled, who they are, where they are, and how the benefits of modern rehabilitation might be successfully made available to them, has sharpened over the last decade.

One of the first responsibilities given to the U. S. Office of Vocational Rehabilitation by the Congress when it passed the legislation which strengthened and expanded the rehabilitation program of 1954 was to make a nationwide *Study of Programs for Homebound Physically Handicapped Individuals.* The report of this Study was transmitted to Congress in February 1955. The weight of evidence reflected in this report has served to point up an acute need for the broadening of rehabilitation programs to offer long overdue services to these neglected individuals.

Now for the first time we have a document devoted exclusively to the homebound citizen. It identifies the homebound disabled individual as a positive entity both in our society and in the disabled population. It underlines the fact that his problems, whether child or adult, are accentuated by the effects of enforced isolation.

The textbook brings together the best thinking, to date, upon the identification of the problems of the homebound individual and charts the areas of rehabilitation service which could and should be made available to him.

The introduction states with honesty that some of the material is controversial, some incomplete. It is hoped, however, that it will prove to be a useful resource for those in the field who wish to promote comprehensive services to the homebound. New horizons in rehabilitation, coupled with the lengthening of the life span, indicate this segment of the disabled population will grow in numbers and in need and opportunity for services.

The National Association of Sheltered Workshops and Homebound Programs is to be congratulated for the timely leadership it has demonstrated in bringing the urgency of this program to our attention and for completing the assignment — a textbook on *Services to the Homebound Disabled.*

Mary E. Switzer, *Director*
Office of Vocational Rehabilitation

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ORIGIN OF THE TEXTBOOK SERVICES TO THE HOMEBOUND DISABLED

This textbook is the result of a series of meetings and discussions held during the past few years. In 1953 the U. S. Office of Vocational Rehabilitation conducted a nationwide study in an effort to determine what was being done and what needed to be done in providing services to the disabled homebound. The evidence pointed to tremendous and diverse unmet needs, and in 1954 a Workshop on Industrial Homework, as one phase of service to the homebound, was held in Washington, D. C. The important outcome of this conference was the request that a demonstration pilot study in a selected geographic area be undertaken (preferably rural, as there seemed to be a greater need in that direction). It was stipulated that such a study be concerned with all types of disability rather than one diagnostic group.

The pilot study, sponsored by the Office of Vocational Rehabilitation, the National Industries for the Blind, and the American Foundation for the Blind, was carried on from April 1955 to 1957 in the State of Vermont. The result, as told in *The Vermont Story,*[68] has been designated by the Office of Vocational Rehabilitation as a model to be followed by groups interested in setting up an Industrial Homework program.

Subsequently, the National Association of Sheltered Workshops and Homebound Programs, Inc. felt that it was timely to move ahead into formal identification of needed services other than Industrial Homework for the homebound disabled. The Association also felt it was important to consider a more definitive interpretation of the values and limitations of each area of service as well as their relationships to each other. Accordingly, the Association proposed to the Office of Vocational Rehabilitation that a writing seminar be undertaken for the preparation of a textbook on Services to the Homebound—a textbook which would serve as a clear and useful working tool in which those persons wishing to establish services to the homebound would find practical, applicable information. The application was submitted, and approved by the Office of Vocational Rehabilitation as a Training Grant. The first step was the assembling of a

(Numbers refer to Bibliography, beginning on page 127)

group of knowledgable persons to participate in the Writing Seminar; those selected were chosen because of:

1. Their broad understanding and ability to identify and accept the full scope of the problems involved;
2. Their competence and flexibility in group dynamics;
3. Their participation in service programs for the homebound;
4. Their clarity of thought and expression, and ability to write;
5. The essential disciplines which they represented:
   Medical, psychology, therapy, social work, rehabilitation, education, operating programs, labor legislation, employment.

INTRODUCTION

This textbook is concerned with rehabilitation of the homebound.

The age of onset of a confining illness determines in part the effect of isolation upon personality structure. If it occurs during early childhood, the possibilities of normal development are decreased. The loss of vital life experiences means that the stage may not be set for further growth. During adolescence, confinement means inability to participate in group activities and dating. During early adulthood, it may preclude work or marriage. In later life, it may mean a substantial shift in family role.

The magnitude and direction of the changes imposed by confinement will vary with the individual concerned. These changes compound the problem of isolation and increase the need for programs designed to serve the homebound.

As this textbook represents the first formal attempt which has been made at identification of services to the homebound, it is important to acknowledge to the reader that he will find some of the material to be controversial, both as to point of view and terminology. He may also find some of the material to be incomplete. It is hoped, however, that in the over-all pattern he will recognize solid groundwork supporting the existence of the homebound as a definitive portion of the disabled population — a portion of the disabled population for whom the full gamut of comprehensive rehabilitation services is long overdue.

If a state or community wishes to consider services to the homebound, certain localized information must be secured. Substantial planning must be based upon accurate knowledge of the existence of such a group and that services are lacking to meet their specific need.

There is an indication of marked differences in the types of services required by the homebound. Wise planning, therefore, demands careful identification of case load and a sound analysis of the broad areas of need.

Assistance in program planning may, in some communities, be secured from well established formal machinery for community planning such as community chests and councils of social agencies. The smaller community may rely upon local medical resources, welfare agencies, personnel in Old Age & Survivors Insurance offices, county nurses, superintendents of schools, and the clergy.

This textbook maintains the point of view that the homebound are psychologically similar to most disabled persons and, therefore, may require some or all of the services found in a comprehensive rehabilitation program.

Services to the homebound have been grouped under six titles: Medical, Counseling, Educational, Employment, Constructive Non-Remunerative Activities, and Independent Living. The reader will find the development of these titles as follows:

Medical:

Medical care underwrites each and every service to the disabled individual. Discussion focuses upon the chronically ill and homebound disabled with emphasis upon the role of the physician.

Included in medical services are occupational therapy, physical therapy, public health nursing, and social case work.

Counseling:

Counseling is presented as both general counseling and vocational counseling. It is assumed that general counseling is akin to personal counseling, involving psychological evaluation and adjustment of the homebound individual. The role of the social worker and that of the general counselor in the area of early contact and adjustment is one upon which common agreement does not prevail.

Educational:

Education is considered in its broadest sense as a learning for life adjustment, concerned not only with the academic aspects of education and special curricula for the disabled student but also with rehabilitation as a type of special education.

Employment:

A brief statement on the value of work introduces the subject of employment.

Employment is considered under *Industrial Homework,* which is accepted as an extension of the workshop into the home, and *Self-Employ-*

ment, which provides the homebound individual with an opportunity to develop his own business.

Employment as one of the end results of the rehabilitation process may have meaning in the case of adjustment and family stabilization as well as financial benefit.

Federal and State labor laws controlling industrial homework are included. The views of organized labor on industrial homework are expressed because they are vital to the employment of the homebound.

Constructive Non-Remunerative Activities:

This is the first time that "Constructive Non-Remunerative Activities" has been used as a specific service to the homebound. It is an attempt to separate employment and diversional activities clearly and conclusively.

The value of creative leisure time occupation is not to be confused with work and the earned wage which identifies employment.

Independent Living:

As a much discussed, but not fully established area of rehabilitation, Independent Living has been briefly identified as an important factor in the future development of rehabilitation.

Program:

The steps to be followed in setting up a program for services to the homebound are described.

Appendix:

Descriptions of some of the current programs concerned with rehabilitation services to the homebound are included in the Appendix. The reports are printed as they were submitted. Further information concerning these programs can be obtained by writing directly to the agencies involved.

Bibliography:

A selected bibliography on Rehabilitation of the Homebound appears in this section. The numbers in the text refer to the bibliography.

SERVICES TO THE HOMEBOUND

MEDICAL

Introduction:

Agencies and individuals serving the homebound encounter an almost unlimited variety of medical conditions. The clients served range from the person who is in excellent general health, but who has incurred a fixed and stable temporary limitation of ability (for example, a traumatic orthopedic condition such as an amputation) to the individual with a multiplicity of life-threatening conditions which require a near-hospital level of supervision in the home. The client first described may require medical services for a brief interval only (and the services provided may be oriented primarily toward rendering him non-homebound); the other person may need a complex of integrated services which must be continuously shifted as his medical conditions change.

The relatively healthy homebound individual represents the person whose needs may be met with relative ease by an agency serving the homebound. On the other hand, the very sick individual represents problems of such scope and magnitude that he can be served by only a few very extensive homebound agencies such as some of the organized home care programs.

In all cases involving medical services for the homebound, however, there should be both a general medical evaluation, and, following this, evaluation and treatment by medical specialists as indicated. Medical care must be sufficient to provide treatment or restorative measures, either directly or through referral to a center, locally or elsewhere.

Examination of the changing picture with regard to leading causes of disability and alterations in medical care facilities and methods should lead to reevaluation of homebound program goals and services. A few of the factors contributing to these changes are: the marked decrease in acute infectious diseases in all age groups; general improvement in health because of improved economics, nutrition, housing, health education, and other similar factors; the remarkable advances in the medical sciences with resultant earlier and more accurate diagnoses and more effective treatment (as exemplified by the antibiotics, steroid drugs, use of radio isotopes, and a whole new battery of pharmacological agents for the mental illnesses); the tremendous increases in the number, kinds, and availability of medical facilities such as hospitals, nursing homes, diagnostic centers, home care

programs, and rehabilitation centers; the advances in and extension of industrial health and safety programs; and the astronomic growth of prepayment insurance for medical and hospital care.

Both the prevalence (the total number of persons per unit population at any given moment) and the incidence (the number of new cases in a given period of time per unit population) of chronic or long-term illnesses are increasing at an alarming rate. Many long-term illnesses resist early detection and are difficult, costly, and discouraging to treat. All long-term illnesses are characterized by one common denominator: change. The natural course of any one such illness may vary widely from person to person and may be altered by an almost unbelievable number of variables. There is no such entity as a "stable" or fixed long-term illness — while some chronic diseases evolve slowly and at a relatively constant pace, others unfold rapidly and undergo multiple and irregular variations.

Because of the increasing amounts and complexities of long-term illnesses in our society, this discussion of medical services is focused on services for the chronically ill homebound. Likewise, because of the medical complexity and continual change in the course of long-term illness in the individual, the focus is on the role of the physician.

The agency should be responsible for keeping the medical specialists oriented to its program and needs so that they may become an effective part of the total team. As part of the rehabilitation team, the medical specialists must be encouraged to provide services in an atmosphere that is understanding and accepting of the client's needs and fears. Refusals of service by the client have to be expected at times. If the medical care resource has available the services of a social case worker or counselor, these services can be utilized to assist the client to overcome his resistance to appropriate care.

Specific instructions for medical follow-up are part of the physician's over-all care. Any member of the service team, however, should be alert to changes in the disabled person's condition, and a method should be established for channeling this information back to the coordinating person. The client has the right to understand the care suggested and to know about waiting periods in relation to reports and other matters in order to avoid development of additional anxieties and frustrations.

Medical Evaluation of the Homebound

The many factors which contribute to rendering a person homebound may be classified in three main categories:

1. The kind and extent of the illness or condition;
2. The geographic location of the patient; and
3. Transportation.

Though these are closely related and interdependent factors, they are discussed separately for easier comprehension; any one or combination of these may render the client homebound.

1. *Kind and Extent of Illness or Condition*

   Most professional people who work with the homebound have some familiarity with the meaning and significance of medical terminology. It is essential that the name of the illness or condition be available to these professional persons. Therefore, clear and accurate recording of medical diagnosis, prognosis, and plan of treatment is necessary.

   The usual hospital methods of classifying and listing conditions of illness may not be helpful to the homebound agency and at times may be misleading. It is strongly urged that physicians be requested to list the diagnosis or conditions of illness in order of importance in rendering the patient homebound. To illustrate: a diabetic patient with the "secondary" complication of leg ulcer may be labeled in the hospital with a primary or leading diagnosis of diabetes mellitus and a secondary diagnosis of leg ulcer. However, the principal condition which keeps him homebound may be the chronic unhealed leg ulcer rather than the stable well-controlled diabetes. To the professional working with this homebound individual, details of information regarding the leg ulcer are much more helpful than a statement that the patient has diabetes mellitus.

   The labeling of the condition or illness alone, even when this is accurate, detailed, and in order, may be of little help. Comprehension of the meanings of medical terms does not necessarily lead to proper interpretation and use of the medical information in a homebound setting. To illustrate: A diabetic leg ulcer in one patient may be a dime-sized lesion which will heal quickly, be fairly re-

sistant to deleterious influences such as physical trauma, temperature, and activity and keep the patient homebound only for a brief interval. In another individual of the same age and with a similar duration of illness, the diabetic leg ulcer may be a three inch in diameter, deeply eroded lesion, very sensitive to trauma, temperature and physical activity, almost impossible to heal, grossly infected, and with incipient gangrenous changes; in this situation, the ulcer threatens the loss of a limb and perhaps of life, and requires, therefore, constant and very close attention. The provision of homebound services, such as vocational rehabilitation, recreational therapy, and physical therapy, must be structured with a detailed knowledge of the kind and extent of the ulcer and its multiple implications.

From the foregoing, it is evident that the physician in charge of the homebound patient must be asked for more detailed and extensive interpretation of his diagnostic and treatment information than might have been previously customary. The physician's advice is needed with regard to such factors as the client's physical abilities and restrictions in activities; the length of time and frequency with which the client may engage in certain activities; the safety with which he may move or be moved within or outside the home setting; environmental conditions and activities which may be hazardous and which are to be avoided; the kind, timing, and relative importance of various treatments in use; and the prognostic implications of the diagnosis.

Some of the medical variables concerning which answers for the record should be sought from the physician, and in face to face discussions with other members of the team are:

Adequacy of diagnosis

Completeness of diagnosis

Relationship of medical condition to homebound status in order of importance

Physical abilities (kind of activity, length of time allowed to engage in the activity, and frequency and regularity of these prescribed periods of activity)

Activity restrictions, including the kind, extent, and reason for the restriction

Potentially deleterious environmental factors (such as physical trauma, temperature and humidity, lighting, dust and vapors, sensitizing agents, and surfaces for ambulation)

Activities allowed and restrictions imposed in the home environment in movement to the external environment, such as the lobby or street, and in the clinic or agency environment.

Method of movement allowed within the home environment (for example, full ambulation, ambulation with crutch, cane or similar aid, use of walkers, or restriction to wheelchair)

Suggested or allowed methods of travel from home to agency — public transportation, automobile, or ambulance

Current treatment, including drugs and physical agents, and their anticipated effects on the patient's condition

Possible desirable and undesirable secondary effects of current treatment (for example, the potentially depressing effects of tranquilizers, or the intestinal irritation of some antibiotics)

Expected or potential variations in the course of the illness; that is, its relative stability or instability

Prognostic outlook for ability to function, and estimation of duration of life itself

Possible secondary or complicating illnesses

Possible hazards with unrelated illnesses, such as colds, influenza, etc.

Estimated costs of medical care — drugs, medical supplies, physician supervision

Estimate of frequency and kind of physical supervision needed; the frequency of medical home or office visits; need for consultant and other services

There are many other important factors which influence the degree and permanence of the homebound status of the patient. In

view of the well known antipathy of physicians to forms and paper work, detailed written information concerning many of these factors may not be available. However, questions should be raised in personal discussion with the client's physician pertaining to the seemingly more important of these problems. The medical information will be of great value in determining the limits within which the homebound agency and its professional personnel can and should tailor and provide services.

2. *Geographic Location of the Patient*

Though not a direct medical criterion for classifying a person as homebound, there is an intimate relationship between location and physical function of the individual.

Geographic location should be reviewed in specific categories:

(a) *Internal or home environment*:

Width of doorways and hallways, distances within the setting; presence or absence of thresholds and other barriers to ambulation or movement with equipment aids; and the presence or absence of safe methods and safety aids in movement within that environment, such as grab rails and convenient furniture.

(b) *Relation of home to outside*:

The presence of negotiable or non-negotiable areas between the home and the outside — for example, the number and kinds of stairs to be traversed, or the presence or absence of an elevator; the distance separating home and outside — corridors, foyers, courtyards; the presence or absence of aids for traversing the distance, such as railings or wheelchairs; and available personnel to aid in the movement from one setting to another.

(c) *Relation of environment immediately outside the home to the source of service*:

Distance from the sidewalk or street to the agency in miles or blocks; the kind of distance to be traversed: roads, good or poor — sidewalks, present or absent; and the amount and kind of transportation available between the two settings — bus, subway, or private transportation, with or without steps and railings.

(d) *Location of the agency*:

Presence or absence of stairs and elevators to reach the source of the service; nature of the setting within the agency: width of corridors, presence or absence of aids and safety devices, lighting, ventilation, etc.

The physician will require information concerning some or many of these conditions in order to decide correctly whether the patient is or is not homebound, and for how long. There should be a constant process of matching medically determined physical capacities and functions with the environmental movements required. A mismatching may lead to deterioration of the patient's condition and perhaps even cause serious medical or legal problems for the agency.

3. *Transportation*

Patients may be homebound by the absence of suitable transportation. The individual residing twenty miles from the agency in a rural area but with convenient bus transportation may not be homebound; the same individual ten blocks from the agency in the city but with difficult stairs to negotiate in the subway and with crowded standing room only in the subways and buses may be completely homebound. Appropriate automotive transportation, provided either by family or agency, may differentiate the homebound from the non-homebound, from one setting to another. The ability to utilize public or private transportation should be determined medically. Here also the physician will need detailed information regarding the kind and amount of transportation available in order to determine whether its use is within the physical capacity and abilities of the patient.

The nurse, the physical therapist, the occupational therapist, and the social case worker as members of the medical team are most concerned with helping the patient to develop or gain the maximum number of pertinent skills. The various areas of activity should be broken down according to the availability of the different members of the rehabilitation team. The nurse is often responsible for teaching the patient to move himself in bed, to get from bed to wheelchair, and to attend to his toilet needs. The physical therapist usually teaches gait training, crutch walking, and wheelchair control,

and trains the amputee in the use of the lower extremity prosthesis (artificial limb). The occupational therapist may be expected to devise ways for the patient to feed himself, dress himself, write in longhand or on the typewriter, or to accomplish any given manual task. Training in the use of the upper extremity prosthesis (artificial arm) is a function of the occupational therapist. If one or more members of the team is lacking, it may be necessary for the available personnel to take over whatever components they are qualified and competent to teach.

Occupational Therapy

Occupational therapy may be provided in general and specialized hospitals, treatment and rehabilitation centers, schools and classes for the handicapped , nursing homes, and within the patient's own home. Occupational therapy for homebound patients may be provided through any one of the above mentioned institutions, or it may be an intrinsically separate homebound service. In some communities occupational therapists are available to homebound patients through the Visiting Nurse Association or the local Easter Seal Society.

Occupational therapy may be prescribed for patients with general medical and surgical conditions, cardiacs, the tuberculous, patients with orthopedic or neurological conditions, the blind, and for psychiatric, geriatric, and pediatric patients.

The physician may prescribe occupational therapy for a homebound patient for a number of different purposes, including:

1. Diagnosis through observation;
2. Testing performance relative to the use of drugs;
3. Recording behavior and reaction under controlled circumstances;
4. Determination of work tolerance;
5. Improving work tolerance;
6. Improving hand use—strength, range of motion, coordination, skill;
7. Developing balance and standing tolerance.

In each case the doctor will give specific instructions as needed regarding the purpose of the treatment, special techniques to be used, length and frequency of treatment, precautions to be observed, and any other necessary items of information.

Because it has been recognized that there is therapeutic value in a pay

check, often regardless of its amount, programs have been set up over the years in which the patient has been given an opportunity to produce within his physical and mental ability and at his own speed, with the professed object of selling what he has produced. Where this service has been offered to the severely handicapped, the personnel selected to provide it has often been from the occupational therapy profession. There has been a shift in the scope of responsibilities with the business as well as the therapeutic aspects of the program being laid on the shoulders of the occupational therapist.

Furthermore, there is better understanding of the differences in the role of the therapist who is responsible for patient care and of those who have had training in occupational therapy but whose present function is management or administration.

The psychological benefits derived from programs furnishing constructive recreation and therapeutic production are pointed out in the chapter on *Constructive Non-Remunerative Activities.*

Another kind of occupational therapy program for the homebound is one that has been carried out for many years in a few localities but the importance of which has only just begun to be universally recognized. The over-all intent of this program is to assist the patient to function at his maximum capacity, based on his specific needs. The program may embrace efforts to:

1. Stimulate motivation;
2. Prevent deformity or deterioration;
3. Assist in physical restoration;
4. Develop techniques for function;
5. Provide for adapted equipment and self-help devices;
6. Teach principles of work simplification particularly applied to household management and child care;
7. Recommend simple architectural modifications; and
8. Carry out pre-vocational evaluation.

Physical Therapy

The physical therapist working in a home care setting must be resourceful, using procedures and equipment that are adapted to home environments and to the ability of the patient and members of his family to carry

out at the time of his visit and without supervision between visits. The physical therapist is in an excellent position to observe and to report on the general physical condition of his charges, since by the nature of his assignment he becomes aware of the minute physical changes that spell progress or deterioration.

A variety of procedures can be carried out in the home. Treatments should be directed toward assisting the patient to become self-sufficient, rather than merely being palliative, and may include, upon order from the physician:

1. Testing procedures (manual muscle tests, activities of daily living tests, ranges of motion tests, reaction of degeneration tests);
2. Muscle reeducation;
3. Stretching;
4. Exercise regimen;
5. Preprosthetic and prosthetic training;
6. Wheelchair activities; transferring from wheelchair to bed, toilet, and chair;
7. Crutch walking: follow-up training to insure maximum safety against common hazards in the home;
8. Gait training, particularly in elevation activities (negotiating narrow stairways without railing);
9. Adapting equipment: ramps, overhead bars, foot boards, overhead pulleys, simple splinting devices; and
10. Family instruction: to obtain the cumulative effect of daily treatment, a responsible member of the family should be trained to carry out simple routines.

The physical therapist should promote in every way possible:

1. The early recognition of suspected congenital deformities;
2. The recognition and prevention of acquired disabilities;
3. The prompt referral of patients with these disabilities for medical care; and
4. Acceptable principles and practices of physical therapy in the care of orthopedic and other conditions.

The physical therapist should be aware of physical, emotional, and socio-economic problems affecting the health of each patient and his family, and should report and confer with responsible administrative personnel on such problems.

Itinerant and Mobile Therapy

In cities and suburban areas where the gamut of rehabilitation services exists close at hand, there is an increasing awareness of a heavy case load of patients who would be better off in their own homes than in an institution — whether hospital, rehabilitation center or nursing home — providing that adequate health services, including occupational and physical therapy, can be brought to them. In rural areas where comprehensive rehabilitation programs are available only at great distances, the services are equally important; this is true not only where hospitalization is unnecessary or can be avoided, but also where it is necessary to furnish supervision and follow-up following definitive hospital care.

The classic pattern of programs for occupational and physical therapy for homebound patients has been for the therapists to work out of hospitals, rehabilitation centers, treatment centers, or the headquarters of public or private health agencies. Supplies and equipment have been kept in the center and only those items which were readily transportable could be used. The burden of travel has fallen upon the therapist and valuable time has been consumed in activities not making the most complete use of his professional competence. This expenditure of time and resultant waste of skills has increased in proportion to the total area covered by the service, reaching its maximum in programs caring for patients in sparsely settled rural areas.

To cut down the required travelling distance, the itinerant therapist often schedules stopovers in certain towns in his assigned area, where he avails himself of a specific clinic location to which patients can be brought for treatment. Truly homebound patients can be visited from this central spot.

Recently there has been a trend to establish mobile therapy units to bring more comprehensive and complete therapy services to the rural sections of the country. These programs are often coordinated with crippled children service diagnostic clinics and county health departments. In such projects a station wagon or trailer fitted with therapy equipment is driven to strategic locations on a predetermined schedule. Where it has been possible to arrange local clinic space, the equipment can be moved in and patients can be treated there. When no clinic space can be made available, it is possible to treat patients within the trailer itself. In this type of program, too, the mobile unit can be used as a center for visits to the

patients who are actually homebound and who cannot be brought to the trailer.

When stemming from an existing program in a hospital or center, these services fall under the organizational structure of the sponsoring institution. When carried out as a project of a public or private agency, the agency is responsible for any coordination of the program with other local groups. All patients are treated under medical direction, and the program should be set up with the advice and approval of the local medical societies.

Among the persons whom such a program services are children and adults with congenital deformities, cerebral palsy, poliomyelitis, traumatic injuries, and cerebral-vascular accidents. The purpose and scope of therapy are the same regardless of where the services are given.

Public Health Nursing

City and county health departments, visiting nurse associations, and boards of education may employ public health nurses to care for patients in their homes. Although agencies have different policies regarding the types of cases they are set up to serve, in most communities this health service is available to all age groups and to people in all walks of life. For those unable to pay, the service is free. Those able to do so are expected to pay the full cost of the service. Others pay according to their ability.

The function of the public health nurse varies according to the health needs of the patient and also of his family. Her scope of services is not limited to providing bedside care, important as that may be to many of the homebound. Her major responsibilities include:

1. Giving bedside care to the patient;
2. Teaching the patient or the family to give the required bedside care where this does not demand professional skill;
3. Giving health counseling and guidance, and teaching good health habits in regard to hygiene, sleep, rest, and activity (posture, lifting and carrying the patient, etc.);
4. Providing home follow-up to explain the doctor's recommendations for treatment after attendance at clinics, or whenever there is a change in the medical prescription;
5. Prevention of deformities — for example, discussion of braces, including the attitude of the family toward them;

6. Case finding;
7. Assistance in arrangement for further care as needed.

Equipment Loan

According to the reports of the Commission on Chronic Illness, one of the most important services to the homebound chronically ill or handicapped is the loan of bedside nursing equipment. This need is being recognized and met to an increasing degree by service clubs and voluntary agencies in the rehabilitation field.

Some items, such as hospital beds, commodes, crutches, canes, wheelchairs, and lifts, make it easier for the family to care for the patient, or, simpler, for the patient to care for himself. Other items, such as page turners, electric typewriters, and talking books, are desirable from a psychological or educational point of view.

Any equipment loan program must be carefully systematized and controlled. Accurate records must be kept of inventory and loan transactions. There is usually no charge for the use of the equipment, although some organizations find it expedient to request a deposit as a means of insuring prompt return of items no longer needed or which require repair. Where a fee is received, it could go into a revolving fund for maintenance and replacement.

It is important to keep in mind that a physician's order must be required for the loan of some items, including wheelchairs and crutches, to insure proper authorization, selection, and fit. A doctor's prescription is a protection not only for the patient, but also for the agency sponsoring the equipment loan service.

Social Case Work

The social case worker as a member of the medical team has a particularly important post in terms of early case finding and provision of services, at least through referral to a suitable agency, for the severely disabled person. Even during the medical care phase of the disability, the social worker can be helping to maintain healthy attitudes toward the handicap, and through genuine warmth and interest form a bridge between the patient and the community. Recognition of the client's negative feelings about himself and his fears about acceptance, interpretation to his family

regarding needs and abilities, and planning for such concrete assistance as may be indicated, in order to make his homecoming a positive experience for both the patient and his family, are just a few of the areas of service which can be offered. Following this the social case worker is in the ideal position to prepare a patient for further rehabilitative services in order to equip him for productive living in the home. The social worker is the one continuing link between the medical institution and the community, and in situations of severe handicap may remain in active contact with a patient and his family long after discharge from the hospital.

The social case worker in services to the homebound will face a complexity of problems. However, the approach to the client cannot be different from the approach to any other person seeking the assistance of a social agency. The social worker is guided by certain assumptions which have been conclusively demonstrated by the profession. These are:

1. That clients coming to a social agency for service usually do so with a certain reluctance since the very application is an admission of breakdown in their ability to serve themselves;
2. That because of this and because of very normal human weakness it is always likely that a client will "put his best foot forward" at the time of application in order to seek approval and positive action. Frequently this serves to confuse the picture and to hide the real issues;
3. That most clients will have a preconceived idea of what service is to be secured, and that this will very often differ from the actual service offered. Typical of this is the number of applications for homebound services which really look for a combination housekeeper-attendant and pension instead of a personal involvement in self-care; and
4. The fact that an application is made is sufficient proof of a desire to really have help, that it is well worth study and supportive help in order to clarify with the client how help can really be given.

The social worker must represent an identification with both the agency efforts and goals and the needs of the client. If the primary goal of the agency lies in the provision of an industrial homework program, work with clients must be limited to consideration of problems which in some way are demonstrated in relation to that work program. Offering marital counseling or parent-child counseling on a sustained basis would not be

justified, nor would the consideration of homework as a substitute for such counseling where it is needed but perhaps not too readily obtainable. Thus, the role of the social worker within the specialized agency has to be determined not only by ethical concept of good social work practice but also by the over-all role and goals of the agency.

The social case worker will start where the client is at the point of application, not attempting to refute client opinion on any point or to convince him about what it is he needs but rather trying to understand why it is the client expresses these needs. The agency, its services, and its requirements in order to give service, will be described, and questions about it will be answered freely. The client, too, is involved in a study of the agency at this point and particularly of the worker who represents the agency. The social worker will secure at least minimum factual data about the client, his family, his handicap, economic status, etc., always using this process of securing information as a way of building up rapport with the client. In the first contacts, specific promises should not be made since it is not always possible to keep them, and the client should not be permitted to reveal too much about himself and his feelings toward his family. Social workers have learned that it is comparatively easy to elicit confidences from a client, only to leave him intensely guilty about what has been said. Even more dangerous is the possibility of creating a transference situation between the worker and client which cannot be used for therapeutic purposes. Too rapid self-revelation in an accepting and permissive atmosphere defeats the possibility of really helpful service to the client and, in addition, creates in the client new feelings of rejection and unhappiness. Throughout this period of study the social worker must represent reality to the client, helping him to focus on the "how." The focus should not be on emotions per se but rather on how they can be understood and handled in the person's present life situation.

A thorough social study becomes a part of the total medical, social, and vocational study on which eventual service is based. It helps to determine need, readiness for, and type of service to be offered. In addition, it points out the further areas of assistance in social functioning which may be vital if services to the homebound person are to be sustained effectively.

Actually, there is no formal body of knowledge on counseling the homebound. Textbooks on the subject of counseling deal with a one-to-one relationship frequently in an agency office. There are books on counseling the handicapped but these are written out of experience in hospitals, rehabilitation facilities, or in special community agencies which serve the non-homebound disabled. Recently there have been articles and a few books dealing with a family approach to counseling, instead of the more widely practiced approach on a one-to-one basis. All of these publications have excellent suggestions on counseling principles and methods but none are definitively slanted toward the special problems and setting of the homebound.

General Counseling

The initial and fundamental contact with the homebound seems to be most suitable if it is a form of general counseling. This is based on the assumption that general counseling is more akin to what is called personal adjustment counseling in some textbooks — that is, a mode of counseling which emphasizes the individual's own perception of the worthwhileness of his whole life at his immediate stage of development, and the areas of conflict where there is apparent or real variance between what he seeks and what he appears to be. The counselor is in some respects like the general physician who is concerned with the total health needs of the patient and seeks to help him to attain a maximum level of health in the light of all assets and limiting factors.

The general counselor is concerned with the individual's full outlook on life in a total setting, primarily that of the home. The community, as a secondary area, is useful only as it can be drawn into the family and home — and the individual is then no longer homebound.

The general counselor tries to determine the client's role as a person and as a family member. He tries to determine the particular focus which enhances the client's feelings of self-respect, and the philosophy of life which has a special meaning for him. Thus, the chronically ill father, feeling his role as family head slipping from his grasp, sees this as the focal problem in his life. Or the young girl in the early adolescent years seeks the companionship of other adolescents to prove herself a growing individual psychologically separate from her parents.

The general counselor for the homebound should use a flexible approach; when proper he should use the one-to-one interview with his client. At other times, he may find it better to have one or more sessions with the client as well as with members of the family. Occasionally a family member may wish to see the counselor in his office to talk over problems. In other words, both individual and multiple counseling may be required, utilizing the resources of many people.

The initial contacts with the client and his family seem to call for the little "personal touches" which show a sensitivity to the person's immediate situation. The counselor's desire to respect the client and his family must be woven into the relationship easily and unobtrusively.

The general counselor should explain that he is ready to help the client and his family by reviewing the present and past situation with the aim of developing a broad plan of action for the immediate future. If other agencies are working with the family, their contributions to the total program will be taken into account. The general counselor does not seek to displace other professional workers. He will recognize that other persons will also counsel the homebound person — the physician, case worker, psychologist, educator, vocational trainer, the occupational and physical therapists, the clergyman, and others. The general counselor should maintain close contact with these individuals in coordinating services to the disabled. Through the efforts of a unified professional team, the client will be spared the difficulties of trying to reconcile imagined or real conflicts, and, in turn, the general counselor may proceed with greater confidence.

If general counseling is to have maximum effect, it should be based upon a full diagnosis of the homebound person's needs, his physical, mental, and emotional capacities, his aptitudes, abilities, interests, and personality patterns. The methods of individual analysis used with other disabled or non-disabled people should also be employed with the homebound. Accordingly, a psychological evaluation should also be provided when it is necessary or desirable. At times a psychiatric evaluation and/or psychotherapeutic counseling may be necessary. The counselor will have to consider the way to prepare the client in order to effect the best possible acceptance of the services. These services are tools in the hands of helping persons. The major effort must always be toward self-help and the involvement of the client in planning in such a way that the entire process becomes a constructive and participating one for him.

The dignity of the individual is of paramount importance, and must especially be recognized in counseling the handicapped. A person's realistic acceptance of his handicap and the circumstances it imposes has an intimate relationship to his sense of personal integrity. The counselor conveys his own belief in the self-respect of the individual by a consistently understanding attitude toward the person with whom he is counseling.

When the counselor sees the client and members of the family, he should be aware of all activity and communication. Everything said and done has meaning, as do the physical arrangements of the home. The more observations the counselor is able to make and the more astute he is in interpretation of facts and observations, the better will be his understanding and judgments. He should be able to withhold decision, building possible explanations and testing them out until they become firm and true to reality. The complementary roles of the family members are best tested in what they say, how they say it, and what they do for each other.

Frequently the homebound individual is in need of personal adjustment counseling. Because of his isolation he has less opportunity for contact with the realities of the world outside and therefore has less extensive experience on which to draw. His life satisfactions must be obtained in ways that are not as typical as those of other people. Because of these limitations he has few patterns of suitable behavior upon which to draw for experience in guiding his life. He has somewhat unique problems, not different in kind but in degree from other people. His satisfactions have to be worked out almost completely within the framework of family members. Their individual and group mode of adjustment affect him deeply and continuously.

Homebound individuals seemingly have a less complex environment which affects them and to which they must adjust. Actually, however, their interpersonal problems are intensified and have far greater influence on their feelings and attitudes, both conscious and unconscious, than is true for persons with outlets outside of family ties. Even the preferred friends of the homebound may have to be approved by other family members; otherwise, the visitors will sense they are not welcome. The counseling problems become more personal and centered around "touchy" areas of living — namely, the homebound individual's own family. He must rely upon family members for meeting basic needs such as toileting, personal hygiene, eating, and, perhaps, special sleeping arrangements. The family

may expect gratitude for the extra efforts and this may cause a sense of rebellion toward his handicap which he may project to the people around him without his complete awareness.

Although it is important to provide a variety of specialized, concrete services to help to compensate for the loss or limitations which the client has sustained, the provision of services alone is not an answer to his total needs. The pace should be set by the client. His self-perceptions, points of view, attitudes, and decisions must be accepted compassionately and tactfully. His feelings about himself, his handicap, family, friends, social agencies, the doctors who have treated him, are not to be interpreted quickly, but as the client is ready for and can assimilate them; nor is it desirable to concentrate on emotions themselves — it is more helpful to see how they are understood and handled in the client's life situation.

Counseling must be aimed at positive goals. This does not mean the counselor should avoid negative feelings and attitudes; he should be able to help the client express them.

The understanding of the client should be based upon a broad evaluation, including physical, mental, emotional, family, social, economic, educational, vocational, spiritual, and personality factors. The case study should be built up with factual data as correct and specific as they can be. When sufficient facts have been obtained from all possible sources, the case study should bring together, in narrative form, the major facts about various aspects of living. Then the basic diagnosis should be made, noting individual and family strengths, modifiable limitations, and others which are not changeable. The diagnosis should lead to a plan for action as well as ultimate goals. The contributions of other agencies and members of the team, as well as their acceptance of responsibility, should be outlined. The agreements made by the client himself and his own self-help efforts should be a feature in the over-all plan of action.

Most individuals have a basic need for self-development, a constant desire to reach for a betterment of self through some control of environment and through a self-stabilization which makes it possible to give of themselves as well as taking from and sharing with others. A deep belief in self-development of the client and his ability to adjust in positive terms is basic to the counselor's approach. Without being articulated, it can be sensed by the homebound client.

The key to the dynamics of adjustment must be sought in the client's personality. It is his life and he must be helped to take the responsibility for it to the degree to which he is able under the circumstances of his whole life. When changes in adjustment are to be made, it requires an unlearning and a learning process. Both of these require emotional energies and clients have varied amounts of free emotional energies to expend.

The enlargement of creative activities in the home can relieve the pressure of time without activity and can become constructive in terms of a family role.

By the very nature of societal structure, each individual, child or adult, is motivated to seek and find, or to maintain and improve his role within his immediate society. This goal seeking is so strong that the person approaches it in different ways. He will try to attain the role by giving of himself to others, even by assuming a dependency role in varying degrees. Everyone has to depend upon others in some respects; people become dependent when they obtain satisfaction by giving up responsibility for making choices about themselves and then making this an habitual pattern.

The disabled individual who has previously filled a giving role — the father, for example, previously referred to — is threatened not only in his own mind but in that of his family. Patient and understanding counseling is necessary to retrieve the normal balance of his family and restore a sense of competence to the father. It is possible that such simple things as encouraging him to help with the children's lessons, repair their toys, or greet their friends graciously will assume positive milestones toward his assumption of a participating role.

Vocational Counseling

An important goal of a total rehabilitation program for many of the homebound is the initiation and development of meaningful, suitable, and remunerative work. The vocational plans may have to be seen as amenable to change, more so than with clients able to travel independently.

When the possibility of work is introduced in the rehabilitation program, the vocational rehabilitation counselor should be brought into the picture. He is best equipped by training, experience, and service to provide the necessary assistance to the client and to give a specialized type of professional service which would fit well with the services of other

members of the rehabilitation team. The State rehabilitation counselor, in particular, has a very important role to play since his agency is the most logical resource to assume responsibility for physical restoration, counseling, training, and placement. These services may be provided directly by the State rehabilitation agency or secured for the client through purchase or referral from appropriate community resources. Because the total rehabilitation program should be continuous, the vocational rehabilitation counselor should be brought into the picture as soon as possible to insure continuous and uninterrupted planning and services.

The over-all plan for the individual may include work in the home on a temporary or long-term basis. Perhaps the homebound employment may be seen as the first phase in a conditioning and motivational process, as a proving ground and stepping stone to a sheltered workshop, and later to competitive employment. Perhaps the individual may show enough progress through physical restoration and through psychological and social development to be able to tolerate training or to set up a small business enterprise in or outside the home.

The special points to consider, as outlined in the preceding pages on general counseling of the homebound individual, apply also to the vocational counselor. The vocational counselor, primarily work oriented, will focus upon ultimate employment. For the homebound individual this may be industrial homework, a small business enterprise, or placement in a workshop or competitive industry. The vocational counselor will help the homebound individual to:

1. Recognize and use his own capacities, aptitudes, interests, personal characteristics, assets and limitations, as they relate to the world of work;
2. Understand the meaning of work in the counseling process;
3. Use the tests, tools and techniques employed in vocational counseling;
4. Plan a program of services to meet his individual problems;
5. Secure information related to work training and work sources; and
6. Maintain his work status through securing the support of community interest (business, industry, labor, citizens).

In effect, vocational counseling for the homebound, as well as in all areas of counseling, should be designed to bring to the disabled person, confined to his home, as much of the benefits of modern rehabilitation and an opportunity for gainful employment as it is reasonable to do.

EDUCATIONAL

Education in its broadest sense is learning for life adjustment and should encompass all facets of an individual's life functioning. Because of the breadth of the field of education, specific attention will be directed to considerations of educating the homebound child and the adult. Education will be discussed from the cultural, or academic, aspect, as well as from the viewpoint of rehabilitation.

Education of the Homebound Child

The basis for educational services to all individuals is inherent in the democratic principle of the inalienable right of the individual to "life, liberty, and the pursuit of happiness." Recommendations resulting from the 1960 White House Conference on Children and Youth[88] suggest that the school make available "to all children and youth those experiences which will stimulate each student to develop his potential to its fullest, and to meet his intellectual, moral, spiritual, esthetic, vocational, physical, and social needs as an individual, an American citizen, and a member of the world community." Further recommendations state that "school services be provided for special educational needs of such categories of children and youth as the gifted, the handicapped, the emotionally disturbed, and slow learners. . . ."

Children are entitled to an appropriate education whether they attend "school" at home, in a hospital ward, or in the regular classroom setting. They are entitled to the satisfactions of an educational experience whether they live four score and ten years or if the diagnosis is leukemia or multiple sclerosis and their life expectancy may be only two score years. Children should have an optimum education whether they will eventually become medical specialists, factory workers, residents of a community home for the severely disabled, or workers in a sheltered workshop.

The local school system should be responsible for providing a qualified teacher to work with homebound children on a regular schedule with a minimum of three or four hours of instruction a week.

The home instruction teacher should be a broadly educated and flexible individual. He will be required to work with children (1) of various ages, (2) of different intellectual functioning, (3) of diverse socio-economic

(Numbers refer to Bibliography, beginning on page 127)

and cultural backgrounds, and (4) in different subject areas. His pupils will be confined to their homes for one or more of the following reasons: (1) inappropriate physical plant at school, (2) inadequate transportation facilities in the community, (3) need for extensive bed rest or a program of limited physical activity, (4) major emotional problems, and (5) confinement to a wheelchair.

The home instruction teacher needs an understanding of the problems of "exceptional" children. The youngsters with whom he works will often be multiply handicapped, that is, they may be mentally retarded as well as physically disabled, have major perceptual or communication problems, have difficulty in personal and/or social adjustment, or any combination of these. Important, too, is the impact that such deviations may have on the personal feelings and attitudes of the teacher. Consequently, the teacher should be prepared for some of the major problems that may be encountered in working with these youngsters.

The home instruction teacher must be prepared to participate as a member of a professional team in helping to plan his pupils' programs, in carrying out these plans, and in evaluating what is happening to each of the children. Program planning for home instruction is dependent in large measure upon the length of time the child will remain at home, his medical diagnosis, his physical and mental functioning, the prescribed medical therapy and work tolerance, his background of experiences, and the accessibility of community contacts; not to be overlooked is what his future holds—socially, emotionally, and vocationally.

The home instruction teacher works closely with the family and thus has an unusual opportunity to know the "whole child" and to appreciate his total daily experiences. The teacher needs to be sensitive to the role which he plays in the home and to the development of a suitable environment for maximum learning. The teacher's plans usually include not only activities for the school session, but for the extended time *between visits as well*. Consequently, the teacher must enlist the cooperation of the family to help in facilitating additional profitable activities for the homebound child.

The child needs association with other children. Therefore, close association with an affiliated school will be important when opportunities for joint programming can be found. Boys and girls expected to return to the regular school program should follow closely the course of study of

their future classmates. Wherever possible, they should take the school's examinations and their scores should be recorded at the school they expect to attend.

For those children with terminal progressive conditions, basic school programs should be followed whenever possible. These boys and girls, too, need a sense of achievement and a feeling of belonging to that group of school children who have homework to do and demands of the teacher to meet. They need, however, to be prepared to carry on interesting activities in the future which require a decreasing amount of physical skill. In planning of this kind, the teacher will find that guidance from the physician and other personnel is particularly helpful.

Use of home-school telephones, educational radio programs, closed circuit television, and correspondence courses has added extra dimensions to the home instruction program. It is important to note, however, that the use of these devices is not offered in lieu of a teacher but as supplements to the visits of the qualified special educator.

Developmental and/or remedial instruction in the academic areas is of major importance in the home instruction program. Since the child's previous education may have been sketchy with numerous school absences, there may be gaps in his basic learning. An individualized educational experience can be a creative and satisfying one for both the child and the teacher, since the ideal of starting at the pupil's basic level of function and developing a program specifically to help him maximumally at his own speed, is a reality. In many instances special remedial work is necessary in reading and arithmetic. Without doubt the home instruction teacher has an excellent opportunity for diagnostic teaching; here he can study the child's potential through determining which factors make learning difficult and he can adjust the school program accordingly. He has a responsibility to overcome the areas of weakness and deficiency as well as to capitalize on the student's assets.

Increasingly, special educators are attempting to incorporate in their programs for homebound children the following educational objectives:[48]

1. Self-realization
2. Human relationship
3. Economic efficiency
4. Civic responsibility[51]
5. Satisfactory spiritual experiences

(Numbers refer to Bibliography, beginning on page 127)

The degree to which these goals can be attained will vary qualitatively and quantitatively. The right of professional workers to impose their personal values regarding the concept of productive adult life on the severely handicapped individual may be questioned, particularly if this is not desired by the child or family. Though the world of physical work and usual social experiences may be limited, or unattainable, life can be satisfying (see the chapter on *Constructive Non-Remunerative Activities*). Some individuals have to derive major personal enrichment from their own inner resources and non-competitive production and achievement. Nowhere is there justification for confining the educational program to the school classroom.

Children receiving home instruction should be admitted to the local public school as soon as they are able to travel and participate in the class activities. Whenever possible, they should attend the class sessions, even on a part-time basis. Chief barriers to this attendance are transportation difficulties, inadequate school housing, and the interpretation of state aid and reimbursement on the basis of daily school attendance. Efforts should be made to overcome these detriments; the creative school administrator and teacher can often solve such problems and enhance the school program for the child.

Wherever transfers to school from home instruction are indicated, teachers and other educational personnel have a responsibility for helping the child to bridge the gap by preparing him for the new placement and apprising the receiving teacher of the pupil's program thus far, as well as promoting efforts toward facilitating the youngster's adjustment.

School administrators planning a home instruction program must consider the following:

1. The teacher's means of travel;
2. A scheduling of home visits for the teacher (with room for some flexibility);
3. Desk space, file cabinet, and storage area at a "home base" for the teacher in a local school building, for easy access to records and equipment;
4. Provision for transportation of school equipment (such as movie projectors, tape recorders, slide projectors, and typewriters) to children's homes as needed and scheduled by the teacher;
5. Opportunity for interdisciplinary conferences involving the over-

all programming for the child both in the school system and with community agencies;

6. Organizational structure concerning details of school operation in the home, including policy regarding home noise, interference, physical condition of the "school area," illness of the children, absence of the teacher, and the presence of a responsible adult in the home;
7. Educational supervision and opportunities for professional growth;
8. The teacher's status as a regular faculty member.

Comprehensive guidance programs are essential for homebound children, particularly those requiring long-term special education. The need for such guidance is a continuing factor and should be recognized in the young child; it should encompass social, emotional, and vocational areas. Although the teacher has the major responsibility for those aspects of guidance related directly to the educational program, services of counseling specialists are usually available in schools and should be furnished to the homebound youngster.

Additional Resources. In programming for the child confined to his home, the teacher can use various community resources. Among them are (1) the traveling library; (2) volunteers from service groups such as the Red Cross, Gray Ladies, Junior League, and Children's Home Services, to fill gaps in services which are needed (such as music sessions) and for which there is no professional personnel, to provide transportation for one child or a group of homebound children for trips, to secure materials not readily available, and to read to young children; (3) church groups to sponsor parties or to include the handicapped child in special social events; (4) parent groups to serve as chaperones and helpers when children visit each other's homes; (5) non-handicapped children in the regular school program to do "homework" or play games with the shut-in; (6) regular classroom teachers to include the homebound child in occasional school activities; (7) closed circuit television for supplementary school work; (8) school to home telephone (Executone) for direct communication with a local classroom; (9) educational radio programs; and (10) existing correspondence courses and readily available educational television programs. The teacher might also consider:

1. Assignments common to both the homebound and his age-grade

mates; these will foster homework sessions in which the disabled child can participate.

2. Newsletters and newspapers. These can be effective group projects; the periodical might represent the work of several homebound youngsters or it might be a total school project in which the handicapped child is active.
3. Communication, friendships, and fun can result from the use of the phone, and the development of round robin letters. To broaden horizons, pen-pals have proven to be most satisfactory stimulants for academic pursuits.
4. Weekend visits and "sleep-overs" are possible for even the severely disabled. However, extensive pre-planning and organization are required for such endeavors.

The cultural and academic aspects of education serve a very real need for the homebound child or adolescent. Education provides the individual with means for broadening his horizons by helping him to understand himself and the world in which he lives. He is also provided with personally rewarding diversional activities (which greatly enrich his enjoyment of life), as well as the basic tools and skills for future learning. These aspects of learning may constitute the ultimate goal of education for some homebound children. Such youngsters may not have the potential for future vocational experience because of geographic and employment factors within their community. Therefore, consideration should be given to higher education as a goal for the homebound student who does not seem to have a specific vocational potential. A problem may arise, however, with this type of student if he is led to believe by educators and rehabilitation specialists that the pot at the end of his rainbow contains a job. Careful preparation must be made to interpret to the student and his family the exact goals of such efforts.

For those youngsters who seem to have a vocational potential, it is necessary for the teacher to be aware of the community agencies which can evaluate, promote and/or provide the student with services pertaining to vocational evaluation or training, or both. It will be necessary for the teacher of these students to gear the curriculum to these vocational needs (irrespective of personal values). An educator can help the student not only by modifying the curriculum vocationally, but also through demanding quality and quantity in school work he can teach him to accept his

limitations and utilize his abilities. The teacher can also help the student learn to establish a routine and gain more independence in order to facilitate better adjustment to the adult world of work.

Education of the Homebound Adult

Education for the homebound adult generally has been perceived as vocational education or training.

Educators of the homebound must be client-oriented. The training program must take into account the client's motivational level, the ultimate goal of the total program, and other individual personal and social characteristics. It is very gratifying to a teacher to help a homebound client attain a level of performance where he is prepared to function in the competitive job community. However, there is equal value in helping a seriously disabled homebound person learn to occupy his day with satisfying diversional activities which may have no remunerative value.

Vocational training of the homebound, industrial homework, and non-remunerative activities are discussed elsewhere in this textbook; therefore, this section deals with other factors to be considered in the education of the homebound adult.

Correspondence courses can play an important role in the education of the homebound adult by providing the diverting "keep the mind active and alert" type of activity or a specific type of vocational training which might have an outlet in home employment. However, caution should be exercised in the selection of the facilities or schools providing such courses. The most effective and valuable courses are the ones offered by approved schools and agencies. Approved schools can be easily checked through the local school board or the local Division of Vocational Rehabilitation and can well serve a need for the homebound adult who would be unable to make use of other educational and/or training facilities in the community.

The difficulties which could arise for the homebound person taking correspondence courses would be either lack of mobility or access in getting to a library to supplement the recommended text or to obtain additional information to clarify specific points; also, if the individual had been homebound for a large part of his educational life, there could be inadequate or insufficient background to enable him to understand the course content.

One rehabilitation agency in New York City is currently offering approved correspondence courses to a limited number of individuals on a scholarship basis. The students meet once a week with an instructor who can act as tutor and intermediary between the individual and the school. These people either travel themselves or are provided with transportation service to attend the tutorial meetings; also, because some individuals cannot write legibly, part-time clerical service is provided. Although this program is being conducted on an experimental basis, it would seem to serve a real need and would seem to be applicable to other communities, rural or urban.

There are many schools and school districts which currently conduct adult education programs. Some consideration could be given to extending these programs to the adult homebound whether they are young adults just completing high school, homebound housewives, or senior citizens who find it too difficult for physical or geographical reasons to attend regular classes. Instruction could be set up by the Division of Adult Education along the lines of the programs now being operated for homebound children. If it is truly believed that learning and education can be and is a continuous life process, then a fairly large portion of the homebound population should be able to benefit from existing community facilities.

THE VALUE OF WORK

Before moving into the employment phase of services to the homebound, it would be well perhaps to consider the value of *work* in our society and to the individual.

Work is the generally accepted means of providing for food, clothing, and lodging. It may also fulfill a basic desire for acceptance and play a significant part in the search for esteem of self as well as others. Entry into an occupation is, in a sense, a symbol of adulthood, or independence.

In our present social and economic structure some stress is placed upon the type of work in which one engages. Feelings of personal achievement are, therefore, closely related to the amount of responsibility and prestige a job may represent.

As Roe[58] states,

> "People whose life situation is especially difficult may find that the status and prestige conferred by the occupation or received from fellow workers, are the greatest sources of satisfaction for these needs. This may apply particularly to members of minority groups of all types, who may receive an acceptance occupationally which they cannot achieve socially, or who may gain social acceptance through occupational status . . . the psychological burden of special disabilities may also be considerably relieved if a disabled person can hold his own with non-disabled on the job."

It is important, however, to realize and accept the fact that "work" per se is not the solution of all human problems. People, whether they are or are not disabled, have the right to decide if they wish to work.

A recent study by the Public Health Service[80] shows that among all men and women 45 years of age and over, about half are able to work but are unavailable for employment, and approximately an additional one-quarter are both unable and unavailable. This finding agrees quite closely with a survey of the Ohio State University Research Foundation[38] in which 76.4 per cent of persons over 45 years of age were recorded as "not available" for employment under any conditions.

There are those who maintain that work has been "oversold," par-

(Numbers refer to Bibliography, beginning on page 127)

ticularly in the field of rehabilitation. Although work may seem to be a welcome panacea for many problems, the fact remains that many individuals may not wish to nor do they have to satisfy their needs in this fashion. Others have no desire to seek position or esteem through the earned dollar. And some persons enjoy a pleasant dependence. No matter how disappointing this may be, it must not be forgotten that they have the privilege of deciding what they really want to do.

It is vastly important to keep these basic facts in mind when dealing with a disabled person in a work situation.

INDUSTRIAL HOMEWORK

Industrial Homework is that part of services to the homebound which provides for regular remunerative employment opportunity for the disabled person, in his home. It may be defined as:

> "a service to be rendered by an accredited agency, designed and developed with the intention of adhering to health and labor laws, to offer regular work training and remunerative employment to those eligible disabled persons who cannot regularly and dependably leave their homes to travel to and from a place of business."

Industrial Homework, recognized as an integral part of employment in the rehabilitation process, is described as an extension of the workshop into the home. It is in this setting that the client receives as comparable a share of the total services (including medical, social, educational, vocational) as it is reasonably possible to bring to him. Similar to the workshop program, it must maintain a successful blending of professional services, formal work training, and work experience in its over-all operation. Carried into the home the effort becomes prolonged and costly but it is wholly justifiable when balanced against the rewarding results of remunerative employment of the disabled and the salvaging of unused manpower which they represent.

In anticipation of a program of industrial homework, it must be assumed that need for this particular service has been well established. (Details of Programming, page 80.) Certain questions must be asked and answered at the outset. It is essential to know what is to be the purpose and the goal. What are the characteristics of the people to be served and where are they located? What yardstick is to be used as to eligibility? What essential supportive services are available? What is the anticipated cost of the program and how shall it be met? How shall adequate and qualified staff be secured? How shall work be made available? Where and how shall the program be housed? Until these basic questions are answered it would be useless to proceed.

To the question which is often asked, "Must an Industrial Homework Program stem from an existing workshop?", the answer, is "No." Ideally, the coordination of the two contributes to an easier operation of homework, because:

1. It is easier to originate a job in a shop (development of techniques and methods);

2. It is possible to secure more jobs only part of which can be done in the home;
3. The shop offers a facility through which a trained, physically or mentally improved homeworker may work out of the home setting into competitive employment;
4. Certain economies may be effected in staffing and operation.

A valid distinction of industrial homework as a phase of vocational rehabilitation is the need for continuing service to the worker even after he has achieved a full work schedule. This distinction must be understood and accepted as a major principle. Some homeworkers, if not too severely handicapped, can and do graduate into competitive industry; the bulk, however, will continue to remain in their homes. As a worker becomes proficient and assumes a responsible attitude toward his job, it is possible that there may be a reduction of services offered to him. Industry, however, can not and will not assume training, retraining, inspection, pick-up and delivery, job assignments, payroll details, etc. Permanent agency support will be needed, therefore, as long as an individual continues as an active industrial homeworker.

Regardless of the way the industrial homework program is set up—coordinated with a workshop, or free standing—it must maintain definite standards of eligibility as well as a certain knowledge that remunerative work is what the homebound person actually wants, is looking for, and that it is not being imposed upon him by family or community. The homebound person should, after a period of training, be able to do a stipulated number of hours per work per day at a satisfactory standard of performance. He should be capable of doing regular and continuous quantity and quality production in a home setting. Both his work tolerance and degree of manipulative dexterity are important factors in effectively separating the potentially employable homebound worker from the one who needs and can use therapeutic or recreational activity in the home.

An individual who has been homebound over a long period of years, devoid of many normal interpersonal relationships, may not always understand or accept either the implications or obligations inherent in a work situation. He has had no experience with regularly scheduled work hours, sustained production, the significance of delivery dates, or the quality of completed work. He may, from past acquaintance, confuse busy, diversional, or therapeutic activities with a remunerative job. On the other

hand, an individual newly confined to his home will need to be encouraged to go on without the interpersonal relationships he has learned to rely upon both in his work and community activities. These differences must be resolved at the outset, or failure may result.

It is the responsibility of the professional and technical staff to support the homebound person in the maintenance of a work area in his home and to solicit the respect of family and friends for his employed status. Lack of understanding in the home may be so disruptive to the work experience as to bring it to a complete halt.

Participation in industrial homework can and should be the opportunity for physically, emotionally, mentally impaired or geographically homebound individuals to eventually move from their homes either into a workshop and/or industry. *This should be one of the objectives of the over-all program.*

Disabilities are seldom static. Because of this, the supportive services of case worker and counselor, working as a team with the field instructor, must be sustained at all times. Problems concerning medical care, personal and family problems, as well as the work relationships, need to be dealt with as they present themselves.

As a member of the rehabilitative team serving the homeworker, the field instructor who takes the work situation into the home must assume a key role—a difficult and unusual responsibility. He must be an experienced, capable, and patient teacher and in addition will have to be able to handle alone both family and client in the immensely complex task of constructing a positive work experience in a setting completely foreign to it. The case worker accepts the handicapped person as he is and helps him to adjust to and live with his disability, to live with his family and the community. The counselor helps him to recognize his potential skills and aptitudes and provides the means through which he may develop and use them to his financial benefit. The instructor must be able to accept and interpret referrals from a caseworker and counselor with intelligence and good judgment. He must have a thorough understanding of the functioning of those professional skills and not confuse them with the technical competence he represents. In spite of a great amount of detail he must not lose sight of the importance of the individual client and the need to carry through to completion the plan made for the client. The instructor is the first member of the rehabilitation team who will impose

positive disciplines and demands upon the client. Filling a teacher-employer role, he must require a high standard of work performance from the client and at the same time stimulate and keep alive his incentive, interest, and enthusiasm. These varied responsibilities call for an exceptional degree of skill, perseverance, patience, sensitivity, and flexibility of action.

If contact with industry falls within the responsibility of the instructor, he must be able to meet manufacturers on their industrial level, selling the service on a businesslike basis.

Suggested sources for securing industrial homework personnel are:

The best personnel agency available
Schools of business management, industrial, or mechanical engineering
University extension divisions
Industrial arts departments of universities
State Employment Service

There are two types of work suitable for homework: sub-contract and manufacturing. *Sub-contract* is the simpler and less complicated of the two. It is concerned with work to be done on customer's material. Since the market is guaranteed, there is less chance of business failure on the part of the organization. Sub-contract work, because of its relative simplicity, requires a smaller staff and a less sophisticated over-all program. For this reason it usually yields the greatest client earnings per program dollar spent.

There are several reasons why sub-contract work may be available:

A company may be trying out new products or processes on an experimental basis;
There may be lack of plant space for an existing, a new, or an experimental job;
The nuisance value of some jobs or operations makes a company happy to pass them on to someone else.

When an agency program is being "sold" to industry, the above points may be excellent sales arguments.

Selection of the work involves gearing the program to the demands and schedules of industry. The program plan, particularly the staff, must be well integrated and pliant, operating quickly and effectively as a unit.

Delivery deadlines must be met as industry requires them, not as the agency would like to meet them.

The process of pick-up and delivery is the operational heart of the program. It is costly because it represents a capital investment in equipment, operating expense of the equipment, and the staff to run it. It is vital because rigid production schedules are an important feature of the homework program-industry relationship. Staff and transportation equipment become a key problem as the work load increases.

Commercial trucking companies can be used to reach those workers not situated along the program's own truck routes but only if the job involved can tolerate possible delays enroute and the finished product can be satisfactorily repacked by the worker for return delivery.

As many workers as possible should be situated along a proposed truck route. The route should be in the form of a loop so that maximum distances can be covered without backtracking. Single trips from factory to client and return are time-consuming and costly. The truck should have sufficient capacity to hold large quantities of work for many clients (500 to 2,000 pounds daily); one trip should be scheduled from the plant with all the raw material and one return trip with the finished work from many clients. The route-delivery van with its large walk-in type body is an ideal vehicle. As an illustration of the possible volume of work, the Vermont Project[68] handled 20 million units of work during a two year period.

Every member of the staff should be acquainted with each route, the individual workers, and the intricacies of the jobs. If the regular driver is not available, someone must substitute. There is no quicker way to insure disfavor with industry than the interruption of delivery.

Inspection of finished work, particularly on sub-contract jobs, is usually of the spot-check type. On new jobs and/or with new workers very thorough checking is required to insure subsequent quality control. Continuous spot-checking is desirable because even experienced workers lapse into spells of turning out poor work. Industry does its own spot-checking so it is good public relations to discover and correct the mistakes prior to delivery.

There are innumerable types of work, limited only by the imagination of the persons seeking it. Suitable work must be painstakingly sought

after, keeping in mind at all times the type of individuals to be served, their skills, their homes, the distances to be covered, the feasibility of the operation involved, flow of work, rate of pay, and other pertinent details. A most important principle to remember is that the selection must meet the needs of the individual and the plan established for him. The program must not exist as an accommodation to industry.

The best way to secure work is to make a thorough study of the industrial and manufacturing activities of the immediate or neighboring areas. Useful sources of information include the following:

State Development Commission directories
State offices of the National Association of Manufacturers
Chambers of Commerce
Service clubs
The World Almanac (for statistical material)
Classified directories
Trade magazines
Resident or store buyers

Industry must be approached in a straightforward, businesslike way. Contacts may be made through personal visits or solicitation by mail. Facts involved in the operation of industrial homework pertinent to industry must be ready, and presented as clearly and briefly as is reasonably possible. Description of the responsibilities which are to be assumed by the homework office (instruction, inspection, pick-up and delivery, payment of wages, withholding tax, social security) should be available in written form.

Since industry is competitive and, therefore, seeking lower costs, it is unrealistic to expect to be paid more than the job is worth. Rates must be negotiated fairly and realistically and with a mutual understanding of the problems of the manufacturer and the homework agency. Generally speaking, the quality of the over-all service offered by the homework agency may influence the amount the contractor is willing to pay for it.

The manufacturer must be left with the impression that his relationship is a satisfactory and uncomplicated business agreement. This will help to overcome the common assumption that he cannot count upon standard work or prompt deliveries and that this arrangement may be adding unnecessary responsibilities to himself and to his staff.

Maintaining a search for continuing job opportunities will, of course, be necessary; this holds true with both contract and manufacture.

Manufacture of products, which offers much greater risk to the agency, immediately sets up responsibility for the cost of product development, the purchase and preparation of raw material, maintenance of inventory, and the selling of finished goods.

Manufactured merchandise falls into fairly distinct categories of staple, seasonal, and luxury or gift articles. Staple or seasonal items offer less risk than the luxury or gift business which must rely upon high styling, constant change, and limited outlets for marketing.

Saleability is an additional factor in manufacture, demanding the consideration of four basic elements:

1. *Good design,* which depends upon line, form, and color. The product must be pleasing to look at, well and properly proportioned, harmonious in color, and of suitable material;
2. *Technical excellence,* which indicates that the construction and workmanship of the product must be of a standard and quality commensurate with the use to which it is to be put;
3. *Correct relation to current uses and fashion,* which demands that the product meet the present trends and demands; and
4. *Pricing,* which is most important. Industry has established certain price ranges into which manufactured goods naturally fall. The consumer has unconsciously accepted this and has learned to judge his purchases on this basis. Industry pays large sums for product development, testing, promotion, packaging, and distribution of goods. Many of the devices and resources used by industry are available for the asking. Testing laboratories of home magazines, editors of style and trade magazines offer opportunity for valuable comment and opinion.*

In spite of the desirability of sub-contract work compared with the cost and risk of manufacture, the decision in the end will have to rest upon what is available.

In the matter of wages the Federal Government and most of the states have laws which control, in varying degrees, the operation of homebound

* The same sources for marketing opportunities as listed for contract work may be used.

industries. Any agency personnel planning an industrial homework program should become famiilar with these laws and their restrictions.

The Wage and Hour and Public Contracts Divisions, U. S. Department of Labor, issue special certificates to non-profit private agencies operating sheltered workshops or homebound programs. The certificate authorizes the payment of sub-minimum rates for handicapped workers (engaged in producing goods for interstate commerce) who are unable to earn the hourly minimum set by the Fair Labor Standards Act (the Federal Wage and Hour Law). Under the terms of the certificate the agency is required to pay handicapped workers the same piece or production rate prevailing in the area of non-handicapped workers in industry, doing the same work. Where industrial piece rates are not readily available, proper rates are required to be determined by time studies.

Information and regulations on special certificates in the Fair Labor Standards Act may be obtained by writing to or contacting the appropriate Regional Office of the Wage and Hour and Public Contracts Divisions, U. S. Department of Labor, or the office in Washington, D. C. Information on State laws may be obtained from the various State Departments of Labor.

To be sure that the hours worked are not in excess of the 40-hour week, whether for sub-contract or manufactured products, the agency must require each homeworker to keep an accurate time record. Periodic time checks by the agency staff, and comparison of the time record to known production rates and the worker's known production rate, are a control of hours worked, guaranteeing that there is strict adherence to work tolerance limits which have been established medically for the worker, and also insuring compliance with the law. Inversely, if the production rate rises sharply and the time record indicates no significant increase in the number of hours worked, there may be an indication that the family or friends are helping the client do his work.

There is no question that industrial homework, as is true in the case of the work oriented workshop, must be subsidized. Continuing service to the individual worker, intensive preparation for his work experience, pick-up and delivery, inspection, and agency administrative overhead impose a cost which cannot be met by sub-contract mark-ups or profit on manufactured products if the program is to remain competitive. A reasonable cost can best be measured by the formula of "cost-of-program vs. client earn-

ings," a sort of efficiency quotient, keeping in mind at all times that it must be influenced by the capabilities and limitations of the group being served.

Workshops with a cost-earning ratio of more than 50c to $1.00 are considered inefficient. Homework programs with their work forces scattered, high cost of transportation, impossibility of maintaining assembly line work techniques, consequent need for duplicate tooling and proportionately less skilled workers, are more costly to operate. It is considered desirable to maintain a $1.00 cost to each $1.00 earned. This, of course, will be related to available financial support for such services and the positive benefits which may be derived by the individual workers.

In determining the qualifications and number of professional and technical staff needed, consideration must be given to the scope of the program, that is, the services it must itself provide and those which will be supplied by other agencies. If social agencies are not available, universities, hospitals, and churches offer many timely services upon which an organization may depend for help. If all supporting services, medical, psychological, social casework, and counseling, are to be secured through community resources, then a small technical staff may be sufficient. Staff for sub-contract work might include a supervisor-instructor, an aide-driver-clerk, and a part-time or full-time bookkeeper-stenographer. Depending upon the numbers to be served and the distances to be covered, a sub-contract program might need additional instructors, drivers, and a contract procurement specialist.

Programs involved in manufacturing would require a designer, specialized teachers, sales personnel, and/or marketing specialists.

The financing of a service program such as industrial homework may be met in one of several ways. Funds may be appropriated by state legislatures, local community funds, memberships, and donations. In a few cases foundations or corporate resources may be tapped for income. Help may be available from State Vocational Rehabilitation Services, not only through enabling rehabilitative care but also by direct payment or fees for training and the provision of needed equipment to be used by the worker in his home.

It is important, in the anticipation of financial support, that full cognizance be taken of the fact that provision must be made for a reasonable

period of organization during which it will not be possible to realize any relationship between cost of service and earnings of the client. Actually, it would be well to set aside the first year for sound establishment and adjustment of organizational procedures and program development before any effort is made formally to reconcile costs against service rendered.

The fact should be noted that a sound estimated budget for industrial homework must be planned to meet a reasonable increase in individuals to be served without expansion of funds. A periodic analysis of the budget and the monthly expenditures is advisable so that a balance may be maintained at all times between the cost of the service and profitable returns to the worker.

The housing of an industrial homework project will depend upon the community in which the program is to be carried on and such services as may already be in existence, such as a workshop of which it may possibly become a part.

If the homework program is to operate as a separate division or service, a suitable building in good repair should be found, located as centrally as possible in relation to distances to be covered for instruction and other phases of the work. It must provide ample room for desks, files, typewriters, etc., as well as for the storage of raw materials, work in process, and, if manufacture is being carried on, inventory of finished goods. Space must be available for large tables for preparation of work and inspection. There should also be a "work room" area in which time studies, work try-outs, special jigs and equipment, etc., may be developed. Some serious consideration must be given to accessibility in terms of loading and unloading raw material and work units. Ample door space and the avoidance of steps and stairs are important. Thought should be given to the problems of housekeeping. It is important to the community, to the client, to industry, and to the staff, to recognize and accept such a program as a well organized service set in an atmosphere of courtesy and efficiency.

Two Federal laws affect industrial homework: the Fair Labor Standards Act of 1938, as amended, and the Walsh-Healey Act of 1936. The Wage and Hour and Public Contracts Divisions, U. S. Department of Labor, have furnished the following descriptions of these laws and their interpretation, together with suggested procedures for making a time study and determining an hourly rate of pay.

Federal Labor Laws

Fair Labor Standards Act — This law, also known as the Federal Wage-Hour Law, places a floor of $1.00 an hour under wages, requires overtime pay of time and one-half after 40 hours a week, and restricts child labor.

The law applies to every employee who is engaged in interstate or foreign commerce, or in the production of goods for such commerce, including occupations closely related or directly essential to such production. It applies to homeworkers as well as plant workers. Likewise, it applies to workers in sheltered workshops if they are doing work covered by the law. Clients of workshops operated by a State or political sub-division of a State, however, are not covered by this law.

The law provides a partial exemption from the $1.00 an hour minimum wage for persons whose earning capacity is impaired by age or physical or mental deficiency or injury. Both regular industry employees and sheltered workshops are required to obtain certificates from the Wage and Hour and Public Contracts Divisions of the U. S. Department of Labor to avail themselves of this partial exemption. These certificates authorize payment of a wage lower than $1.00 an hour. They do not grant an exemption from the overtime provision of the law or the child labor restrictions.

The rates in certificates issued sheltered workshops are the minimum hourly wage rates to be guaranteed the clients by the workshops. The terms of a certificate require that clients be paid at wage rates commensurate with those paid non-handicapped workers in industry for essentially the same type and amount of work. In other words, a client must be paid at least what he, as a handicapped worker, would earn if he were working in regular industry. In no case, however, may a client be paid less than the minimum rate guaranteed by the certificate.

Clients may be paid on an hourly, piece work or other basis. If a client is paid at an hourly rate (time rate), his rate shall be based on the prevailing rates paid non-handicapped workers in the vicinity in regular industry, taking into account the type, quality and quantity of work produced by the client.

A client on piece work is required to be paid not less than the prevailing piece rates paid non-handicapped workers doing the same work

in regular industry in the vicinity. All piece-rate workers doing the same work, whether trainees or regular clients, are required to be paid the same piece rate.

In the absence of prevailing industry piece rates, a workshop should make time studies or other tests to determine proper piece rates. A time study in this context is a method of determining the number of units a non-handicapped person of average ability would have to produce to enable him to earn the prevailing hourly rate paid in industry for the same or similar work.

Subsistence allowances, pensions, etc., paid client-trainees by a sponsoring agency, such as a State vocational rehabilitation agency or the Veterans Administration, may not be considered a part of the wages due the clients. Client-trainees are required to be paid all that they earn in accordance with the same wage standards that apply to other clients in the workshop.

Industrial homework under the Fair Labor Standards Act is restricted in 7 industries to handicapped persons or to persons who care for invalids, and who meet certain specified conditions. Persons who qualify are required to obtain homeworker certificates. The 7 restricted industries are embroidery, knitted goods, outerwear, gloves and mittens, jewelry, women's apparel, and buttons and buckles.

Clients of sheltered workshops are exempt from the homework restrictions and homeworker certificates are not required. The exemption does not extend to other members of the household of the homeworker if they assist him in doing his work. Such persons would be considered employees of the workshop and must be paid at least $1.00 an hour, and the homeworker restrictions would be applicable.

Under the law, homework means the production of goods by any person in or about a home, apartment, tenement, or room in a residential establishment for an employer who suffers or permits such production, regardless of the source of the materials used by the homeworker. Homeworkers generally do not qualify as independent contractors. They generally are found to be employed by the persons or firms receiving the finished goods from the homeworkers.

The law requires overtime pay at not less than time and one-half the worker's regular hourly rate of pay for all hours worked over 40 in a

workweek. The regular rate of pay includes all earnings, make-up payments, production bonuses, and room and board, where furnished. The regular rate may be more than the certificate rate, but it cannot be less.

The employment of children below specified minimum ages is prohibited. There is a basic minimum age of 16 years for covered general employment. A minimum age of 18 has been set for occupations found and declared to be particularly hazardous for young workers under 18, such as operating power-driven woodworking machines and power-driven metal forming, punching and shearing machines.

The workshop is required to keep accurate payroll records for all workers covered by the law. No particular form of records is required but the following information must be in the records: Full name, home address, and date of birth if under 19; occupation; time of day and day of week on which workweek begins; regular hourly rate of pay for any week in which overtime pay is due; hours worked each work day and workweek; total daily or weekly straight-time earnings; total overtime pay for the week; total additions to or deductions from wages paid each pay period; and total wages paid each pay period, date of payment and pay period covered by payment.

Also, clients are required to be segregated on the payroll or pay records from non-handicapped workers, and the workshop is required to maintain a record of the nature of each client's disability. Payroll records and certificates are required to be kept for 3 years from the last date of entry. Records showing the amount of work accomplished (piece-work tickets) on a daily, weekly or pay-period basis are required to be kept for 2 years.

In addition, a record is required to be kept of each homeworker's working time on each lot of goods completed, showing at least the time actually worked and the number of items completed. This is most easily done if the worker keeps a record of his daily starting and stopping times (for example: start 9:00 a.m. stop 11:30 a.m.; start 2:00 p.m. stop 4:30 p.m.), and of the number of items produced each day.

Walsh-Healey Public Contracts Act — This law sets basic labor standards on Federal Government supply contracts which are or may be in excess of $10,000. Secondary contracts (subcontracts) under certain circumstances are also covered under the law, even though the amount of the secondary contract may be less than $10,000. The law contains mini-

mum wage, overtime pay, and safety and health provisions. It bans child labor and prison labor. Homework is prohibited except for handicapped homeworkers of sheltered workshops.

The law applies to workers who help manufacture, handle, assemble or ship items called for by the contract. Unlike the Fair Labor Standards Act, this law applies to clients of State-operated workshops as well as other workshops. It requires that these workers be paid not less than the minimum wage determined by the Secretary of Labor for the particular industry involved. There is an exemption, however, that permits sheltered workshops which obtain certificates to pay clients, including homeworkers, at wage rates lower than the minimum wage determination. The terms and conditions of certification are the same as under the Fair Labor Standards Act. A sheltered workshop certificate issued under the Fair Labor Standards Act also applies to work covered by the Public Contracts Act.

The overtime provisions of the Public Contracts Act require that the workers be paid not less than one and one-half times their basic hourly rate for all hours worked over 8 a day or 40 a week, whichever is the greater number of overtime hours. The worker's basic rate is the same as the regular rate under the Fair Labor Standards Act.

The law prohibits the employment of boys under 16 and of girls under 18. Furthermore, every contract contains a clause requiring that the work be performed under conditions that are sanitary and safe.

The law requires that records be kept containing information essentially the same as required under the Fair Labor Standards Act. In addition, injury frequency rates must be maintained.

Additional information on both the Fair Labor Standards Act and the Walsh-Healey Public Contracts Act may be obtained from the Divisions' Regional Offices or by writing to the U. S. Department of Labor, Wage and Hour and Public Contracts Divisions, Washington 25, D. C.

Miscellaneous

How to make a time study. There are various procedures for making time studies. The one described here is used by many workshops:

1. Select non-handicapped persons for the test. Workshops generally use staff members for this purpose. Preferably, a time study should

be made with not less than three individuals, and persons with unusually high or low dexterity should not be used.

2. Allow persons to become thoroughly familiar with the work before starting the test. A sufficiently long test period should be used to get an adequate sampling of the participants' normal production. The total testing period need not be continuous; it may consist of a series of tests run at different times. However, everyone should begin and stop work at the same time.
3. Determine the average hourly production (number of units) of the test group, allowing for personal time and fatigue. The general practice is to allow 10 minutes per hour.
4. Determine the prevailing rate paid in industry for work requiring similar skill. This may be done by contacting the local employment service office or other sources which may be available, such as members of the board of directors who might have knowledge, local trade union officials, local employers, or workers in industry doing similar work.
5. Divide the prevailing industry rate by the average hourly production of the test group to determine the unit piece rate.

EXAMPLE: If 3 persons worked a total of 10 "fifty-minute" hours (allowing 10 minutes per hour for personal time and fatigue), and produced a total of 2500 units, the average production would be 250 units per hour (2500 units divided by 10 hours). Assuming the test involves unskilled work, and the prevailing unskilled labor rate in industry in the vicinity is $1.25 per hour, the piece rate would be one-half cent per unit. ($1.25 divided by 250 units.)

Procedure for determining an hourly rate of pay (time rate). The following method is suggested for determining a proper rate of pay when an hourly rate is paid:

1. Determine the prevailing wage being paid in the vicinity for work requiring similar skill.
2. Estimate as objectively as possible the client's productivity as compared with that of a non-handicapped worker in industry doing the same work.
3. Multiply the prevailing industry wage rate by the client's productivity as determined under 2.

EXAMPLE: A client doing unskilled work is estimated to produce

three-fifths (60%) as much as a non-handicapped worker. Assuming the prevailing unskilled labor rate in the vicinity is $1.25 per hour, the client's wage rate would be 75 cents per hour ($1.25 x 3/5).

The client's earnings in relation to his production should be reviewed periodically.

State Laws Regulating Industrial Homework

Low wages, long hours, and child labor have long been recognized as the primary evils of the industrial homework system. Under this system, materials are given out by the employer to workers who do one or more processes of manufacture in their own homes.

To the homeworker, industrial homework usually means low pay, unregulated hours, and the carrying of a certain amount of overhead costs such as heat and electricity. To the factory worker it is a threat to established standards of hours, wages, and working conditions. To the good employer, it means unfair competition — unfair because he has to compete with the employer who pays lower wages and who passes on part of his overhead costs to the workers.

The concern of the public as to the health hazards from goods worked on in homes under unregulated sanitary conditions led to the early attempt to regulate the practice of industrial homework. By the beginning of the 20th century a number of States had passed laws regulating such work to some extent.

Now 19 States*, and Puerto Rico have some prohibition or regulation of industrial homework. Such legislation varies from comprehensive laws in nine States and Puerto Rico to very limited regulation applying to women and minors only under a minimum-wage order in one State.

The nine States having comprehensive laws are: California, Connecticut, Massachusetts, New Jersey, New York, Pennsylvania, Rhode Island, Texas, and Wisconsin. Under these laws and that of Puerto Rico, the conditions under which homework may be given out are regulated. In addition, provision is made for the ultimate elimination of industrial homework by authorizing the enforcing agency to prohibit such work,

* California, Connecticut, Hawaii, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, West Virginia, and Wisconsin.

industry by industry, or by prohibiting all homework except by special permit. Under eight of these laws, the enforcing agency is the State department of labor; in Texas it is the State Board of Health; and in Wisconsin the State Board of Health enforces the law, but the Industrial Commission issues permits to employers permitting them to employ homeworkers. Usually the laws provide that older persons or those physically handicapped who cannot leave their homes to work, and who would be subject to undue hardship if deprived of such work, are exempted from the prohibition.

The homework permitted in these 10 jurisdictions is regulated so that such work will not make unduly difficult the maintenance of standards for factory workers or be injurious to the health and welfare of the homeworker. All 10 laws require the employer to obtain a license and keep records. All set a minimum age for such work. In Wisconsin this age is 18; in Texas it is 15; in California 15 during school hours, 14 outside school hours, 12 during vacations; and in the other seven jurisdictions it is 16. All but one (Wisconsin) requires each homeworker to obtain a certificate to work. All but one (Texas) sets minimum wages or maximum hours standards, or both, either in the law itself or in orders issued under the law. The usual requirement is that homeworkers must be paid not less than factory rates for essentially similar work, and that their working time be regulated by laws applicable to factory workers similarly engaged.

The employer's licenses are issued annually at a fee of from $3 to $200. Renewal fees in some States are based on the number of workers employed the previous year. The workers' certificates must also be obtained annually and are issued without fee, except in Texas where a small fee may be charged.

Orders have been issued under three of these laws prohibiting industrial homework in particular industries. Workers handicapped by age or disability are exempted from the prohibition. In addition, California and New York exempt those whose presence is required to care for an invalid at home. Such orders are now in effect in Rhode Island in the jewelry and wearing apparel industries; in California in the garment industry; in New York for men's and boys' outer clothing, men's and boys' neckwear, artificial flower and feather, and glove industries. In New York and California the workers exempted from these orders must also be persons who were industrial homeworkers prior to the date of the order, but in

California, under a 1957 amendment, this requirement may be waived under certain conditions.

In addition to authority to prohibit homework, six of these 10 laws (those of California, Massachusetts, New Jersey, New York, Pennsylvania, and Puerto Rico) and two others (those of Illinois and West Virginia) contain outright prohibitions against homework on specific articles, such as explosives, fireworks, drugs and poisons, medical supplies, articles of food or drink, children's and infants' wear, dolls, toys, and tobacco. Such prohibitions were based on the principle of protecting the health and welfare of the worker or of the general public.

In Hawaii, the wage and hour law includes a provision authorizing the Director of Labor to issue rules and regulations restricting or prohibiting industrial homework. In addition, a separate 1959 law regulates industrial homework in the garment industry.

Eight of the 19 States have laws that provide some regulation of industrial homework, but no authorization for complete prohibition: Illinois, Indiana, Maryland, Michigan, Missouri, Ohio, Tennessee, and West Virginia. Most of these regulate only conditions under which the work is carried on, such as sanitary conditions, licensing, or record keeping. In Illinois the State Department of Labor is authorized to prohibit homework in any industry if it is found after hearing, that such homework is detrimental to the health and welfare of the homeworker or that it renders unduly difficult the maintenance or enforcement of labor standards established for factory workers. The law permits the employer to correct such conditions when the Department determines them to be correctible, after which the prohibition may be withdrawn.

In the remaining State, Oregon, there is no law relating specifically to industrial homework, but the Wage and Hour Commission manufacturing order prohibits the manufacture of goods in private homes.

Brief Summary of State Minimum-Wage Laws

At the present time the following 35 jurisdictions (33 States, Puerto Rico, and the District of Columbia) have some type of minimum-wage or wage-and-hour law:

Alaska	Kentucky	Ohio
Arizona	Louisiana	Oklahoma
Arkansas	Maine	Oregon
California	Massachusetts	Pennsylvania
Colorado	Minnesota	Puerto Rico
Connecticut	Nevada	Rhode Island
District of Columbia	New Hampshire	South Dakota
	New Jersey	Utah
Hawaii	New Mexico	Vermont
Idaho	New York	Washington
Illinois	North Carolina	Wisconsin
Kansas	North Dakota	Wyoming

The original purpose of minimum-wage laws was for the protection of women and minors, and two-thirds of the laws still apply only to them. The recent trend, however, is toward including men in the application of the laws, and now the laws of 15 jurisdictions apply to men as well as to women and minors:

Alaska	New Hampshire	Vermont
Connecticut	New Mexico	Washington
Hawaii	New York	Wyoming (does not apply to minors under 18)
Idaho	North Carolina	
Maine	Puerto Rico	
Massachusetts	Rhode Island	

This trend began shortly after the passage of the Federal Fair Labor Standards Act in 1938. Connecticut in 1939 reenacted its minimum-wage law so that its provisions applied to men as well as to women and minors. Two years later, in 1941, Puerto Rico and Hawaii passed wage-and-hour laws modeled on the Federal act.

New York in 1944, Rhode Island in 1945, and Massachusetts in 1946, passed supplementary laws or amendments making their laws applicable to men as well as to women and minors. In 1949 New Hampshire added a separate provision to its minimum-wage law setting a statutory minimum-wage rate applicable to men, women, and minors.

In 1955 three States not previously having minimum-wage laws — Idaho, New Mexico, and Wyoming — enacted such laws, and all of them apply to men as well as to women. In addition, the Alaska law was repealed and a new one enacted that applies to men, women, and minors.

Vermont in 1957 and North Carolina in 1959 each enacted a minimum-wage law for the first time, both of which also apply regardless of sex. In addition, in 1959 Maine and Washington each enacted a new law applying to men, women, and minors. Washington retained its former law that provides for wage board procedure and applies to women and minors only, while Maine repealed its former law that applied only to women and minors in the fish packing industry.

Methods of Establishing Minimum-Wage Rates

Until recent years, the usual method provided in the laws of establishing the minimum-wage rate was the "wage board procedure," under which the administrative procedure for the establishment of minimum-wage rates is set forth in the law. The rates are actually established by wage boards appointed by the labor commissioner, and they are set, as a rule, industry by industry.

The trend in recent legislation is to set a basic minimum-wage rate in the law itself, which may also provide for wage board procedure. Altogether 16 States and Puerto Rico now set a statutory minimum-wage rate; seven of the 17 provide also for wage board procedure. These are as follows:

Jurisdiction	*Statutory minimum rate per hour (except where "day" or "week" is specified). The law applies to men, women, and minors unless otherwise specified:*
Alaska	$1.50
Arkansas	Law applies to women and girls only: $1.25 *a day* if worker has had 6 months experience in any work $1.00 *a day* if worker has had less than 6 months experience
Connecticut	$1.00 (Also provides for wage board procedure)
Hawaii	$1.00
Idaho	75 cents
Maine	$1.00
Massachusetts*	$1.00 (Also provides for wage board procedure)

* Homeworkers must be paid at the established minimum rates or the equivalent in piece rates. Employer is liable for expenses incurred in connection with employment, and in addition, under the Clerical, Technical and Similar Occupations Order, employer must pay an additional 2 cents an hour where heat, light, power, machinery and equipment are furnished by the home-worker. Under Food Processing and Clerical orders, special permit must be obtained by employer before such work may be distributed.

Wage board may not recommend rates below:
$1.00 in any manufacturing occupation
$1.00 in other occupations with the following exceptions:
75 cents for service people who regularly receive tips
$30 *a week* for janitors and caretakers of residential property when furnished living quarters

Nevada..... Law applies to women and girls only:
$1.00 for women 18 years of age and over
87½ cents for girls under 18
(Lower rates—$6.50 *a day* for women—
$6 *a day* for girls—are set by law for probationary employees. The law also specifies amounts which may be deducted for board and lodging)

New Hampshire**..... $1.00
80 cents for laundry employees, nurses aides, and practical nurses in nonprofit hospital corporations and nonprofit homes for the aged
75 cents for theatre ushers and pin boys in bowling alleys
75 cents (upon authorization of the Commissioner of Labor) for learners, handicapped, persons 19 years of age and under, or 65 years and over
(Also provides for wage board procedure, which applies only for women and minors)

New Mexico..... 75 cents
65 cents for "service employees" as defined in the law

North Carolina..... 75 cents

** A law effective November 30, 1959, sets a minimum rate of 80 cents an hour for persons 18 years of age or under, and 80 cents (if approved by the Commissioner for employment of persons whose earning capacity is impaired by age or physical or mental deficiency). Makes other changes.

Puerto Rico	Rates ranging from 25 cents to $1.00 for 76 specified classes or sub-classes of occupations (Also provides for wage board procedure)
Rhode Island	$1.00 Up to 30 cents of the $1.00 may be allowed for tips in hotels, restaurants, and other industries except that a maximum of 10 cents is allowed in the case of taxicab drivers 75 cents for employees of religious, educational, or nonprofit organizations (Also provides for wage board procedure. Statutory minimum applies also to wage orders)
South Dakota	Law applies to women and girls only: $15 *a week* for workers in cities with a population of 2,500 or more $12 *a week* for workers in cities with a population of less than 2,500
Vermont	$1.00 (Also provides for wage board procedure as to deductions for tips, board, and lodging, etc. Statutory minimum applies also to wage orders)
Washington	$1.00 (Also provides for wage board procedure for women and minors only)
Wyoming	Law applies to men and women 18 years of age and over: 75 cents

Coverage under the acts is not shown in the table. Usually domestic service, agricultural work, executive, outside salesmen, and charitable organizations where the employer-employee relationship does not in fact exist are exempted. Some States exempt other types of employment. The Alaska, New Mexico, and Rhode Island laws apply only to establishments where four or more persons are employed.

The remaining 18 laws provide for wage board procedure only, and, of these, 14 jurisdictions* have wage orders in effect. In addition, seven jurisdictions (Connecticut, Massachusetts, New Hampshire, Puerto Rico,

* All but Illinois, Kansas, Louisiana, and Oklahoma.

Rhode Island, Vermont, and Washington) that have wage board procedure as well as a statutory minimum, have issued orders, making 21 jurisdictions in all that have wage orders:

Arizona	Minnesota	Pennsylvania
California	New Hampshire	Puerto Rico
Colorado	New Jersey	Rhode Island
Connecticut	New York	Utah
District of Columbia	North Dakota	Vermont
Kentucky	Ohio	Washington
Massachusetts	Oregon	Wisconsin

Industries most commonly covered by such orders are laundries, retail stores, restaurants, public housekeeping, and beauty shops.

The great majority of the laws provide for lower wages for handicapped workers under permit or license. Except for California and Hawaii where it has been determined that the laws apply to handicapped workers in sheltered workshops, it is unclear whether coverage extends to such workers.

ORGANIZED LABOR AND INDUSTRIAL HOMEWORK

An important area of support which should be solicited in connection with services to the homebound, particularly with reference to industrial homework, is that of organized labor.

The attitude of labor toward rehabilitation, of which workshops and industrial homework constitute a vital part, can best be expressed by quoting from *A Labor Program for Rehabilitation* adopted by the AFL-CIO Executive Council on February 15, 1960, at Bal Harbor, Florida:

> "More and more people of all ages are losing or failing to attain status as independent members of society. Causes include: population growth, lengthening life span, new hazards to physical and mental well-being and failure to make full use of restorative services.
>
> "The substantial economic drain of such dependency is measurable—in costs of care, in loss of income and in failure to contribute to production, services and tax revenues. The social and spiritual costs—in undue suffering, in frustration of hopes, in self-recrimination and in strains on family life—cannot be measured but are, nonetheless, real and of at least equal significance.
>
> "*Specific Activities.*
>
> "A few examples of specific activities are cited here to indicate the potential and the breadth of the program foreseen. In all these, and in other activities to be undertaken, a two-fold function for labor is anticipated: (1) Labor to take initiative on its own; and (2) Labor to join with other organizations moving toward the same goals. . . .
>
> "Example: . . . Become involved in the development of plans for new, and in the operation of existing sheltered workshops so as to contribute labor's knowledge to the improvement of such facilities."

Industrial homework, in competitive industry, has a long history of violations and abuses which precipitated governmental action in 1933. At that time, organized labor supported the establishment of federal legislation and additional controls in the major industrial states; although the laws and controls have in a measure eliminated improper practices in industrial homework, as Miss Frieda S. Miller, Industrial Commissioner of the State of New York in 1941, observed:

"The overwhelming majority of American governmental officials who have ever had anything to do with the administration of laws designed to regulate industrial homework are firmly convinced that it can never be satisfactorily regulated. Low wages, long hours, child labor, unhealthy and unsanitary working conditions—evils which long have characterized industrial homework in the United States—are part and parcel of the system, they believe, and complete abolition alone can actually eliminate them."

On the other hand, organized labor is also aware of and sympathetic to the needs of the disabled homebound individual whose *only* opportunity for remunerative employment depends upon the extension of this privilege into the home. To illustrate this point of view, the following appeared in *Industrial Bulletin*—March 1959 *Industrial Homework,* Part I, *An Old Problem Lingers On*:

". . . Of course, industrial homework has its legitimate aspects. Properly supervised, it may serve a useful social function in the case of the physically handicapped, or of those who must stay at home to take care of invalids. . . .

"To the extent that such activity is carried on in conformity with legal standards of wages, hours, health, working conditions, and does not represent an unfair threat to factory enterprise or to the public health, it qualifies as legitimate work . . ."

It is urgently recommended that agencies intending to initiate industrial homework as a continuing service make a special effort to contact organized labor representatives in their communities to set before them their purpose and organization program plans. Whenever this has been done in the past, members of the AFL-CIO have been both interested and helpful. Questions asked of the agency should be honestly answered. There should be understanding and acceptance of the fact that an opportunity to enter disabled workers into competitive industry demands a willingness upon the part of the agency as well as the worker to share the risks inherent in such a relationship—for example, in a tight labor market agencies should not demand, nor workers expect, to be retained because of a disability. It is, of course, hoped that they would not be dropped because of a disability, either, but be allowed to take their chances fairly with other workers.

Organized labor maintains extensive health and welfare programs for its own disabled workers. Industrial homework in an agency setting, if maintained at a proper level of performance, has something positive to offer labor in terms of a needed and useful service.

SELF-EMPLOYMENT

Self-employment for the homebound may be defined as independent, profit-making activity carried on in the home without direct affiliation with an organized industrial homework program. Before a disabled person engages in self-employment, a professionally trained counselor should make an evaluation of all pertinent factors. Excellent guides for the evaluation of disabled persons seeking self-employment, the business enterprise and the community can be found in books listed in the bibliography.

According to the Office of Vocational Rehabilitation,[75]

> "The annual incidence of failures of small businesses indicate the need for sound planning, evaluation and preparation before setting up a small business enterprise. Because a disabled person is homebound and has some unusual aptitude or skill does not mean he will be successful in business. Knowledge about the business characteristics of the community, the demands for service, markets for new businesses and resources available must also be known before the practicability and feasibility of the self-employment can be determined.
>
> "In order to establish and operate a business profitably, there are a number of elements which must be combined before success and profits will result. The most important of all of these is the individual who is to run the business. The responsibility of running a business is quite different from that of working for someone else. . . . The smallest retail store or service shop requires sound management judgment; decisions must be made many times every day; action must be taken. Some people are more adept at this task than others. Equally important, no businessman or woman, no matter what his technical training and management judgment, can succeed unless he likes people and knows how to get along with them.
>
> "But no matter how good a manager he is, an individual cannot earn a profit unless he has a market, or unless there are people who need and will buy what he has for sale.
>
> "In considering a proposed business, careful consideration also

(Numbers refer to Bibliography, beginning on page 127)

should be given to competition, sources of supply, location, necessary financial backing and length of time it will take to get the business on a self-supporting basis.

"Every prospective operator must become acquainted with the applicable laws and regulations of the Federal, State, county, and municipal governments which apply to his prospective type of business. Any question or doubt should be clearly resolved by competent authority before the venture is undertaken."

In another of its publications, the Office of Vocational Rehabilitation[74] points out that:

"Experience has shown there is no different pattern or set of criteria for counseling the disabled for small business employment than is required for any other vocational objective."

(Numbers refer to Bibliography, beginning on page 127)

CONSTRUCTIVE NON-REMUNERATIVE ACTIVITIES (DIVERSIONAL)

Constructive non-remunerative activities can be defined broadly as pursuits or interests (except work) — physical, intellectual, creative, or social — which are meaningful to the homebound individual and make his life a more interesting, well-rounded one.

An infinite number of activities could, of course, be categorized as constructive non-remunerative activities. The following are some of the more common possibilities:

Creative pursuits, such as painting and clay modeling. This is the largest and most important category of activity. Creative pursuits enable the individual to develop his inner resources and cultivate his capacity for self-expression. The homebound person particularly needs creative activity for two reasons: (1) having limited contact with others, he must rely largely on his own resources in occupying his time; (2) the available outlets for discharging pent-up feelings about his illness are drastically curtailed by physical and environmental limitations — creative activity is one of the most effective methods of self-expression open to him.

Traditional hand skills, such as knitting and sewing for women, woodwork and carpentry for men. These more prosaic activities may be highly creative in character when carried out with imagination and ingenuity. From a practical standpoint, traditional hand skills give the individual a means of doing something for others — making gifts for friends and family. There is also value in the repetitive movements involved in these activities which often serve as distraction from preoccupation with illness and other problems.

Hobbies involving manual and/or intellectual activity, such as ship model building or stamp collecting.

Intellectual and cultural pursuits: reading, listening to music, etc.

Social activities with family and friends, utilizing library and museum facilities, going to the theatre, etc.

Miscellaneous useful home activity, such as repairing radios and electrical appliances.

Interests related to nature — for example, window and outdoor gardening, care of pets, bird watching.

There are two major principles to be followed in the provision of constructive non-remunerative activities to the homebound. The first is to help the individual develop a varied program of activity — including physical, intellectual, social, and creative pursuits — which is appropriate to his physical and psychological condition. The second is to promote independence, encouraging the individual to develop his own ideas and to work on his own.

The value of constructive non-remunerative activities to the homebound is a highly individual matter. Making a party dress for her little girl may have enormous emotional significance to a young mother with rheumatic heart disease; another woman might sew purely as a pastime. For a child who is facing a lifetime of illness, exposure to a variety of constructive non-remunerative activities may lay the groundwork for a repertoire of permanent interest which will make his life a far less barren one.

The importance of constructive non-remunerative activities to the homebound individual depends to some extent on other services provided him. For example, the homebound person who participates in an industrial homework program, or one who receives functional occupational therapy may have less need for constructive non-remunerative activities. The social situation is also pertinent. Those persons who are members of warm, close families, and who feel included in family activities may need less help in developing skills and interests than do those who are excluded from family life. The homebound in small, cohesive communities whose members maintain contact with their disabled neighbors may need less in the way of constructive non-remunerative activities than those who are isolated in apartments in a metropolitan area where people may live side by side for years without speaking.

Medical approval for the initiation of constructive non-remunerative activities is essential. Medical material should include information on the client's medical condition and should note any restrictions as to physical activity. Before the worker's first visit, a study should be made of all available data pertaining to the social, psychological, vocational, and other aspects of the client.

The first call should be an evaluation visit. At this time the worker should find out as much as possible about the individual's education, occupation, interests prior to illness, and his present interests. In the course of the interview, an attempt should be made to formulate an accurate picture of how the client's day is arranged, with an estimate of how much of his time is spent in idleness. The worker should also get acquainted with the family and assess its ability to cooperate in developing interests with the patient. The suitability of the home for activities and the equipment and material which may be utilized should also be looked into. After the worker has discussed with the patient the activities most suitable for and available to him, plans can be made for initiating one or more activities in which he has expressed an interest.

The worker should tentatively set a goal for the patient after the evaluation visit. For example, if he were found to be spending eight hours a day looking out of the window, the goal might be the very ambitious one of working out a whole new way of life for him. On the other hand, the patient may already have a number of interests and may simply need a little encouragement and new ideas from time to time. Whatever the goal, it should be subject to modification. Some of the homebound individuals who need activity most desperately may prove so devoid of motivation that completion of a pot holder may be regarded as a victory.

The most important aspect of handling constructive non-remunerative activities is to cultivate the individual's creative spark. The first step is to determine the existing capacity for creative work. The range extends from the person who, given paints and instructions as to their use, becomes a Grandma Moses almost overnight, to the person whose creative capacity is such that he can select only one of two colors in which he will make his pot holder. When the current status of the patient's creative capacity has been established, the worker should then attempt to increase the patient's abilities to develop his own ideas.

The need to help the client become independent in his activities has been pointed out. In connection with this, it is important to introduce activities requiring materials and equipment which are available in the individual's neighborhood and which he can afford to buy, and to utilize any appropriate equipment or materials in the home.

Community resources for activities should be investigated carefully and widely utilized. Many libraries loan paintings and records as well as

books. For patients who have a particular need to feel useful, local philanthropic organizations may provide volunteer work which the homebound might do — for example, knitting for the Red Cross or making bandages for the Cancer Society.

It is well for the worker to be keenly aware of family relationships and the impact of homebound individuals' activities in this area. For example, a man may regain lost status in the family by becoming highly skilled in an art, craft, or hobby. Another individual may feel that he has lost touch with the family, and encouraging all members of the family to participate in an activity with him, such as braiding old stockings to make a rug for the living room, might do much to bring the group closer together. On the other hand, the homebound individual's activities may create difficult situations for the family, and the worker should be prepared to tackle such difficulties. Sibling rivalry may sometimes become rampant and it is certainly valid for the worker to provide some materials and equipment for the common use of all children in the family.

It is, of course, advisable to get the homebound person out of the home as quickly and as much as posible. However, this venture may be fraught with difficulties. It may not be easy to find a volunteer, or a friend, who may be willing and physically able to undertake the necessary measures to get him out. The worker should on occasion attempt to take the homebound person out. However, the amount of time and effort involved in doing so may be considerable and could be justified only if the worker were aiming toward getting the patient to go out independently. For example, the worker could make one or two trips with the homebound individual to a museum to show him how to use the elevator, or to go through the procedure of securing a wheelchair with him, but the time probably could not be spared, which would otherwise be spent in visiting others, to continue taking him out week after week. Medical clearance should always be obtained for taking the client out of his home.

The duration of constructive non-remunerative activities depends upon the individual's response to the service. The objective is to help him develop a well-rounded program of activities and to bring him to the point where he can independently pursue these and continue to develop others. With some persons the potential for cultivating skills and interests is great, and they may be discharged within a short period. Others, usually

because of overwhelming psychological problems, can never develop their potentials to the fullest and only limited goals can be achieved. In general, the services should be continued until the patient has reached his maximum capacity for carrying out independently the program of activities of which he is capable. The period of time may be months or years.

The homebound person nearly always leads a very lonely life and the visits of the worker are extremely important to him as social contacts. Although the worker's visit is designed to help the homebound individual work out a program of activities which are interesting and meaningful to him, the major source of satisfaction may be the visit itself rather than the activity. This situation may make it difficult for the homebound person to become independent in his activities. The patient's view of the worker's role should be recognized and accepted; at the same time the patient should be encouraged to focus primarily on the activity.

There are no established standards for professional staff to provide constructive non-remunerative activities. This is a new and very broad area of responsibility and it will probably not be possible to find anyone with all of the skills required to handle all of the categories or activities classified as constructive non-remunerative activities. It is recommended that workers be selected from one of the professional fields which offer some of the major skills involved in handling these activities. The fields which most nearly do so are occupational therapy, art education, and recreation.

Personal qualities in the worker are more essential than academic training or experience. It is more important that the worker have a wide variety of skills to offer than that he or she be a specialist in one. The worker should be primarily interested in people rather than in processes and products and should recognize that it may be just as important to teach the prosaic skill of sewing as it is to teach the more complex skills of bookbinding, woodworking or painting.

A final word about arts and crafts activities: in programs which include arts and crafts, the question almost invariably will arise as to whether there might be a market for the individual's output. When this happens, it is important to remember that the objective in arts and crafts activities should be to develop the individual's capacity for creative self-expression. However, if the product which the individual has made in his own way is sufficiently appealing to others for them to purchase it,

there certainly is no reason why they should not do so; the individual will undoubtedly benefit from this recognition of his talent.

The danger in emphasizing the sale of products is that the individual begins to work in order to please the customer rather than to carry out his own ideas, and the activity ceases to be a creative one. Also, except in very rare cases, the home craftsman cannot compete with professional craftsmen and the market for his work is a very limited one. The client experiences keen disappointment if he produces articles with the expectation that they will be sold, and no one buys them. On the whole, it would seem better to keep work activity separate from activities which are basically non-remunerative, steering people who are primarily interested in earning money into industrial homework programs with greater and more realistic expectations of earning.

There is, nevertheless, an area which is not quite work and yet not quite creative activity. There are people who like to make things and get satisfaction from selling the articles without necessarily expecting to earn more than pin money. Outlets can be developed for these products — the Elder Craftsmen Shop in New York City which markets the work of persons over 60 is an example (a description of how this shop operates will be found in the Appendix). In marketing products it is very important to give the homebound individual sound guidance on how to produce articles which have charm and commercial appeal, and not to let him build up his hopes that they will be a means of making a living — the emphasis on this should be incidental.

INDEPENDENT LIVING

Many severely disabled homebound persons will be unable to work in competitive industry, or even be self-employed, because of the severity of their disabilities, regardless of the rehabilitation services they receive. The most that can be hoped for after all rehabilitation processes have been tried is that these persons can be trained sufficiently so they can take care of themselves.

In terms of self-care activities, such as dressing and undressing, toileting, eating, and some hand activities (turning on lights, picking up the telephone, etc.), the ability of an individual to take care of himself has become known in the field of rehabilitation as "independent living." Specifically, independent living is used in referring to those severely disabled individuals who as a result of rehabilitation may be expected to achieve such a degree of self-care that they can entirely dispense with, or largely dispense with, the need for institutional care or, if not institutionalized, to dispense with, or largely dispense with, the need for an attendant.

Drs. Hoberman and Springer[32] have established a "personal care" rating scale ranging from:

1. A person completely independent outside the home;
2. A person who requires limited assistance outside the home;
3. A person completely independent at home;
4. A person who requires assistance at home;
5. A person who requires institutional care.

A person completely independent at home (number 3, above) is considered to be an individual who is able to care for himself during the day without requiring assistance, thus releasing someone else from the home. This involves two important factors:

1. The ability of a patient to take care of his own personal needs; and
2. The releasing of a member of the family to return to activities in the community.

Psychologically, being completely independent at home is excellent for both the patient and the member of the family; for this reason alone independent living should be encouraged.

At the beginning of the rehabilitation process, it is extremely difficult to designate those individuals who have the optimum potential for rehabilitation and independent living. For this reason, the term "independent living" rehabilitation services has come into being; it includes counseling and psychological and related services for the severely handicapped individual as well as physical restoration and related services including corrective surgery, therapeutic treatment and hospitalization, necessary prosthetic appliances and other devices which will contribute to independent living, and training in their use.

The decision as to whether independent living is the goal for the patient must be made by qualified personnel of the rehabilitation team. It can only be made after the team has worked with the patient for a sufficient length of time and has tried all the techniques and methods presently known.

Under the existing standards of the Office of Vocational Rehabilitation, persons who can achieve only the status of independent living are not eligible to receive assistance from the Office of Vocational Rehabilitation. Attempts are being made at the present time to change the law in order that these persons will be included.

SETTING UP A PROGRAM

Statewide programming, for all or any of the specific services to the homebound, requires a workable knowledge of such facts as the historical background of the State, its size and topography (remembering that everything must be transported to the home), the number and location of larger cities, number of industries and manufacturers, status of individual public assistance related to over-all income and per capita income, the number and location of health and welfare agencies, and organized labor and industry's relationship to workshops and industrial homework. These and other spheres of information are important to explore and will help materially in the establishment of a pattern into which the program must blend, if it is to benefit the disabled homebound citizens of any state.

Medical, educational, and diversional services, and the professional disciplines upon which they rely, may in reason be established in any setting. The workshop and its counterpart, industrial homework, must be designed to fit the specific pattern and size of the state or community they propose to serve. There must be assured sources for jobs (contract or manufacture), for work training, work experiences, and placement. There must also be practical means for securing raw materials if manufacture is anticipated. Designers of workshop and industrial homework programs must be acutely aware of the industrial barometer against which they must work.

STEPS IN BASIC PROGRAMMING

1. *Establishment of Need for the Program*

Characteristics of the homebound in the community:

A. How many are known who might be able to use such a service?
B. Sex?
C. Age?
D. What educational or work background?
E. Where are they? (Geographical distribution)

2. *Analysis of Purpose and Goal*

A. Is the proposed service to be a part of an ongoing rehabilita-

tion service or is it to be a separate entity set up to meet an unmet need in the community?

B. Is the planning for long range or only immediate activity?

C. Determination of eligibility

D. Sustained program of case finding

E. What services (to the homebound) will the program provide? (Medical, counseling, social, educational, constructive non-remunerative activities, industrial homework, etc.)

F. How many does it intend to serve?

G. What area, geographically, is to be covered?

3. *Organization of Program*

A. Securing of financial and community support (development and indoctrination of board, advisory committees, volunteers)

B. Establishment of estimated budget

C. Housing (securing of building or adequate space)

D. Recruitment of qualified staff (professional, technical, clerical) to carry out purpose and goal

E. Securing of equipment to support purposes and goal

F. Anticipating and securing of work

4. *Operation of Program*

A. Set-up of physical plant (offices, workrooms, etc.)

B. Set-up of fiscal operations (bookkeeping, records, reports, etc.)

C. Indoctrination of staff

D. Scheduling of staff

E. Development of community resources

F. Activation of specific services (medical, counseling, social, educational, constructive non-remunerative activities, industrial homework, etc.)

APPENDIX

The following sections are devoted to descriptions of a limited number of the on-going programs to the homebound. Further information concerning them can be obtained by writing directly to the agencies involved.

INDUSTRIAL HOMEWORK OFFICE

20 Washington Street

Barre, Vermont

Setting

The Industrial Homework Office operates in Vermont on a statewide basis. One central office in Barre, Vermont serves as administrative and operational headquarters with truck routes radiating to all parts of the state.

Administration—Financial Set-up

For many years it had been felt that needed rehabilitation services had not been extended to the homebound handicapped. This need appeared to be more acute in rural areas.

Section 7, Public Law 565 particularly stressed this need and the Secretary of Health, Education, and Welfare's resulting study indicated that existing programs for the homebound were, for the most part, "inorganized and ineffectual particularly for the rural segment."

At the culmination of a 1954 Workshop on Industrial Homework held in Washington, D. C., and attended by individuals from 31 states, the sponsoring agencies, American Foundation for the Blind, National Industries for the Blind, and the Office of Vocational Rehabilitation were asked to set up a demonstration pilot study on Industrial Homework, preferably in a rural area.

The Divisions of Vocational Rehabilitation and Services for the Blind of the State of Vermont requested and received this study. It was inaugurated in April 1955 and terminated, as a pilot study, June 30, 1957. On July 1, 1957 the program was adopted intact by the State of Vermont and was operated jointly by the Division of Vocational Rehabilitation and the Division of Services for the Blind. In the spring of 1959, joint sponsorship was dropped and the Industrial Homework Office became a separate unit of the Division of Vocational Rehabilitation. As such it has its own staff. It is administered directly by the Supervisor under the general direction of the Director of Vocational Rehabilitation. The Industrial Homework Office has its own separate budget and budget controls. The budget is submitted biannually to the Vermont General Assembly as

a separate part of the appropriation request of the Division of Vocational Rehabilitation. No federal matching funds are involved in the appropriation of the Industrial Homework Office.

Objectives

The objectives of the program are best explained by a direct quotation from the original Pilot Study Project Plan:

"A service to be rendered by an accredited agency — designed and developed with the intention of adhering to health and labor laws — to offer regular work training and *remunerative work opportunities* to those eligible disabled persons (both blind and otherwise handicapped) who cannot for physical, psychological and/or geographic reasons leave their homes to travel to and from a place of business.

"In further clarification, Industrial Homework will be regarded as an extension of the workshop opportunity into the home wherein the agency, insofar as it is reasonable to do so, shall guarantee steady employment. The client, after proper instruction and training, shall guarantee reasonably steady production. It is not to be confused with occupational therapy or creative crafts for leisure time."

In other words, this program is primarily an *employment facility* for the homebound handicapped.

Population Served

The Industrial Homework Office operates as a statewide program. The total population of the State (1950 census) is 377,747 persons of whom 36.4% are located in urban areas. The largest city in the State has 33,155 inhabitants and most other "urban areas" have 2,000 inhabitants or less.

All referrals come from the caseloads of the Division of Vocational Rehabilitation and the Division of Services for the Blind. When either of these two agencies has a client whose potential falls below the requirements of normal, competitive employment and who appears to be homebound, he is referred to I.H.O. Referrals are screened by a designated person in the Division of Vocational Rehabilitation for eligibility and feasibility.

Selection Criteria

Following are the guide lines used in determining eligibility.

Rules to be Applied:

1. A severe physical and/or psychological condition must exist.
2. The following should have been provided and singly or in combination failed to remove the homebound factor:
   A. Physical Restoration
   B. Training
   C. Counseling-motivation
   D. Job placement
3. Geographical Location:
   To be considered as a homebound factor only in conjunction with a severe physical and/or psychological disability and only after it appears to be unfeasible to move the client to a place of employment or where employment is more readily available.
4. The client must have tolerance for industrial *production* type work. This implies the ability to work several hours per day, *every day.*
5. The client must be able to perform simple manipulative tasks satisfactorily.
6. The client wants to work and will work.
7. Adequate and clean work space should be available. Ideally this space should be isolated as much as possible so that the work will not disturb other members of the household and they, in turn, will not disturb the work. The space should be at least 5′ x 5′.
8. Homework should be acceptable in the household, i.e., the client and other members of the dwelling unit must be ready to accept the inconveniences of homework such as machines, noise, clutter, odors, etc. This might be a consideration if the client is confined to a hospital, sanatorium or nursing home. Surprisingly enough, many households are unwilling to accept this even though the consequent earnings would be welcome.
9. Industrial Homework should not be considered as merely a supplement to an existing job. As a rule, I.H.O. jobs are full-time or require a considerable amount of time each day. Since production quotas must be met, it is not desirable that another job might claim priority. No one is excluded from the program because of

financial status. Work will be given to the client who needs it most, if any choice is possible.

Conclusion: *Homework is a last resort* — every other possibility should be explored. The Industrial Homework program was not created to provide "busy work," work therapy, or as an escape for the tough placement problem. It is an industrial employment facility in busines to provide work for those with work potential who cannot leave home to seek it.

Services Offered

Since I.H.O. is exclusively an *employment facility* for the homebound handicapped *only* the following services are offered:

1. A job.
2. Training for that particular job.
3. Training aids, equipment and material for that job.
4. Pick-up and delivery service, either with our own trucks or by common carrier if the client is too far outside our established routes.

All other services such as evaluation, counseling, case work, physical restoration, therapy, or prosthetic appliances, are provided by the two referring agencies.

This pattern of service allows I.H.O. and its small staff to concentrate on the essentials involved in offering "employment only."

The staff includes a Supervisor, two clerk-drivers and a part-time bookkeeper whose services are donated by the Division of Blind Services.

The Supervisor is responsible for the over-all operation of the program including budget planning, budget control, staff duties, homeworkers' performance, soliciting and negotiating sub-contracts, conducting time and motion studies, establishing piece-rates, contract rates and mark-ups, quality control and production schedules, design of equipment and development of work techniques, coordination of program with other public and private agencies, and interpretation of program to public.

The clerk-drivers are responsible for their respective pick-up and delivery routes, day-to-day supervision of clients' work performance in relation to quality, quantity, and changing needs of individual contractors, clerical work associated with routes, construction of equipment as needed, care

and maintenance of client equipment and the trucks assigned to them, and such other duties as time and necessity indicate.

This staff operates as a close-knit team. Maintaining a program which employs some 47 homeworkers scattered all over the state and some 10 terminal sheltered shop workers employed in a separate unit in our office requires that this three man staff operate as one man, each with the same devotion, willingness, and initiative as the other.

Results and Evaluation

The Industrial Homework Office is meeting its original goals. Within the framework of a small operating budget and a small staff, it provided employment for 91 people during the period 1957-1959. The cost-to-the-taxpayer vs. client earning ratio is 65¢ to $1.00. This figure approaches the ratio considered adequate for sheltered workshops, a far more efficient type of operation than the more costly homework program.

Emphasis has been put entirely on sub-contract work in the fields of light assembly, carding, packaging, sorting, etc. With a small budget and staff, sub-contracts provide the greatest yield in terms of client earnings with the least amount of overhead and staff time.

With adequate funds, the whole field of manufacturing might be profitably explored. This would involve product design, manufacture, merchandising, etc., a more costly business to initiate and maintain but capable of producing handsome results.

With adequate funds and adequate staff and space it would be possible to establish a companion terminal sheltered workshop. This would permit the handling of more sophisticated sub-contracts, certain portions of which could be done as homework. Many manufacturers are hesitant to sub-contract only portions of a process for homework if they must do the rest.

The Industrial Homework Office is heading in the right direction. No employment facility of this kind should be burdened with the social, medical, therapeutic, or evaluative services required by its clients. These should be provided by the parent agency or those in the community.

An industrial homework program's business is business. It should have adequate funds to:

1. Expand its business.
2. Diversify its business.
3. Assure the future continuity of its business in terms of the clients, industry and public it serves.

For Further Information Write To:

Supervisor,
Industrial Homework Office
20 Washington St.
Barre, Vermont

JOBS FOR THE HOMEBOUND PROJECT

Setting

Jobs for the Homebound is a five year project (3/1/56-2/28/61) concerned with exploring the vocational potential of chronically ill, homebound patients whose productive capacities are generally considered to be too limited for admission to existing vocational rehabilitation facilities.

The project is operated within the Montefiore Hospital Home Care Program which provides comprehensive medical treatment at home to approximately 80 chronically ill, medically indigent patients in the Bronx and upper Manhattan. The basic Home Care team consists of physicians, social workers, nurses, physical therapists and recreation and art therapists. With Jobs for the Homebound, vocational rehabilitation specialists were added to the team.

The Home Care group includes patients with all types of chronic diseases except mental illness. Although all Home Care patients have serious and often irreversible conditions, the range in degree of disability is wide. On the lower level are bedbound patients who have marked symptomatology which interferes with functioning even at rest; for example, far advanced cancer patients and those with severe pulmonary insufficiency. On the upper level are a limited number of patients who are fully ambulatory and can leave home when necessary; for example, cardiacs in chronic failure who are reasonably well compensated and patients with diabetic neuropathy. The majority of Home Care patients are totally and permanently homebound and, while their illnesses often can be controlled or their functioning increased, substantial improvement usually cannot be expected. Although the ultimate prognosis for most patients is a poor one, many live for years in an ill and homebound status and retain some capacity for productive activity.

Motive in Developing the Project

The situation which stimulated interest in developing Jobs for the Homebound was that certain Home Care patients continually expressed a desire to work. However, attempts to find vocational rehabilitation services for them in the community were almost invariably futile. The few patients who were ambulatory were considered by community agencies to

be too incapacitated for return to the labor market or even for sheltered employment. The homebound patients rarely were eligible for the one homework program that existed prior to the project: either they could not work six hours a day, or they had insufficient manual dexterity, or their prognosis was poor.

The Home Care staff believed that the lack of opportunity for patients to utilize residual capacities in economically productive activity prevented functioning at optimum levels medically, psychologically and in social relationships. The development of Jobs for the Homebound was a logical outgrowth of Montefiore Hospital's philosophy of medical treatment which recognizes the importance of psychological, social and economic factors in long-term illness and assumes responsibility for helping patients meet their problems in these areas.

Objectives

The objectives of the project are:

1. To demonstrate the possibilities in vocational rehabilitation for homebound, handicapped individuals with low productive capacities, exploring the potential of such persons for vocational rehabilitation and studying the individual and social effects of vocational rehabilitation on such persons.
2. To develop methods for and to determine the cost of providing vocational rehabilitation services to this type of patient.
3. Through the information thus obtained, to encourage and facilitate the provision of vocational rehabilitation services to homebound persons presently not considered eligible for these services.

Administration

Jobs for the Homebound is operated as an integral part of the Home Care service, adding vocational rehabilitation to the treatment program of those patients for whom such services are appropriate. Project personnel function as members of the Home Care staff. Work activities are geared to and coordinated with the patient's total program of medical care.

Financial Support

The major source of financial support is a research and demonstration

grant from the U. S. Office of Vocational Rehabilitation. Grants for the project have also been made by the New York Chapter of the Arthritis and Rheumatism Foundation, the New York Heart Association, and the Nathan Hofheimer Foundation.

Clients Served

Patients admitted to the project generally represent the younger, healthier segment of the Home Care group and include proportionately more men.

During the period in which the project has been in progress (4 years, 5 months) 377 patients were admitted to the Home Care program and 63 or 16.7% were admitted to Jobs for the Homebound. The median age of project participants was 54 as compared with 63 for the total Home Care group. The sex ratio in the project group was 47% men and 53% women as compared with 39.9% men and 60.1% women for the total Home Care population.

One third of the project participants were cardiacs, many with rheumatic heart disease. The other leading diagnostic categories were metabolic diseases, pulmonary diseases, and arthritis.

The majority of patients were semiskilled or unskilled workers prior to illness; there were few white-collar workers and no professionals in the project group. The average number of years of schooling was 8.9. Almost half of the patients were foreign born and lack of educational and occupational attainment was often due to poverty and lack of opportunity.

Selection Criteria

Participation in the project is open to all Home Care patients who request work and to those who, while not specifically requesting work, are suggested by the staff as appropriate candidates for work activity. The patient's participation in the project is subject to the approval of his physician and social worker who consider whether there are any factors in the patient's medical, psychological and social situation which would make work activity undesirable. Approval is rarely withheld, the usual attitude being that if there is any prospect that the patient will benefit from even a very limited amount of work activity he should be permitted to try it.

There are no specific criteria as to age, sex, or diagnosis since the

project is concerned with ascertaining the vocational potential in the total Home Care population.

Program Operation

Staff and Services Offered — During the first four years, Jobs for the Homebound engaged in wide experimentation with various types of work activities and intensive study of the impact of work on patients. The professional staff of the project included a vocational rehabilitation specialist, a design specialist and a psychologist; the non-professional staff consisted of an assistant workshop foreman and secretary. The project co-directors were a physician specializing in public health and a member of the Home Care staff who was also a supervisor of the Recreation Program. A sociologist, statistician, psychologist, and other consultants were widely used.

Both the project staff and the Home Care staff were involved in the following project procedures:

1. On admission, evaluations were made of the patient's medical, psychological, social and vocational status by his Home Care physician, the project psychologist, the patient's Home Care social worker, and the project vocational rehabilitation specialist respectively. The physician described the patient's present medical condition, medical history, prognosis, and estimated his physical capacities for work. The psychologist administered the Thematic Apperception Test, a sentence completion test on attitude toward illness and conducted an interview in which he sought to find the underlying meaning of work to the patient. The social worker completed a housing form and described patient-family relationships. The vocational rehabilitation specialist obtained an educational and work history and administered intelligence, skill and aptitude tests.
2. Appropriate work was sought for the patient, the vocational rehabilitation specialist soliciting industrial contracts, and the design specialist developing products for manufacture by patients. Both specialists instructed and supervised patients in their work. The vocational rehabilitation specialist provided counseling, further testing and other vocational rehabilitation services which were indicated. He handled contacts with community vocational rehabilitation facilities for those patients who appeared to be potentially

capable of approaching standards for admission. The project staff continually discussed and evaluated with the Home Care staff the patient's performance of work and his reaction to work activity, both in the course of day contact and at formal weekly meetings.

3. The impact of work on patients was formerly evaluated yearly when initial medical, psychological and social evaluations were repeated and compared with those made on admission. Also considered were non-standardized observations of patient reactions to work made by the project staff, by the Home Care staff in the course of their routine contacts with patients and team evaluations made in the course of conferences.

In the fifth year, Jobs for the Homebound became a purely demonstration project. Only work plans of proven practicality, largely industrial homework, were pursued. Formal research on the impact of work was eliminated. The project is now operated by a staff of three, the vocational rehabilitation specialist, assistant workshop foreman, and a secretary.

Relationship to Other Agencies — The major official and voluntary agencies with which the project maintains relationships are:

1. The New York State Division of Vocational Rehabilitation: the project refers to D.V.R. patients who appear to approach the agency's standards for the provision of services. D.V.R. has accepted eight such patients after they had demonstrated a steady, though limited, work capacity on Jobs for the Homebound. Services provided to these patients by D.V.R. were: training; counseling and placement; outlet for sale of products through Freewill, a sales agency sponsored by D.V.R.; and admission to the D.V.R.-Federation of the Handicapped Homework Program which handles contracts requiring a somewhat higher level of productivity than do the project contracts.
2. Sheltered workshops: The project obtains industrial contracts from and shares its contracts with the sheltered workshops operated by the Association for the Help of Retarded Children and the Association for Crippled Children and Adults of New York State. One Home Care patient works at the Altro Workshop and participates in Jobs for the Homebound during periods when exacerbation of symptoms confine her to home.

3. Department of Welfare: This project, along with other rehabilitation programs submitted test cases to the Department of Welfare which were the basis for establishment of a policy whereby recipients of welfare allowances were permitted to retain a portion of their earnings.
4. The New York State and the U. S. Departments of Labor provide the necessary operational licenses for patients to perform homework.

Results and Evaluation

Achievements of Objectives — The major findings to date were as follows:

1. The portion of patients in the Home Care group who are motivated for and capable of performing remunerative work appeared to be about 11%. Of the 63 patients admitted to the project, 43, or 11% of the 377 patients on Home Care, actually engaged in work activity. The fact that 11% of an extremely sick and disabled group proved able to work is significant when it is considered that the increasingly large segment of the population which is chronically ill and homebound probably contains at least a similar percentage of persons with a potential for economic productivity.
2. Appropriate work can be obtained for the type of patient found on Home Care. After experimentation with industrial processes, product development and individualized work plans, industrial homework was found to be the most satisfactory plan. The primary reasons were: (a) Simple industrial tasks were found readily available from small local manufacturers, sheltered workshops, as well as from Montefiore Hospital. (b) In contrast to manufacture of products, industrial homework required no investment on the part of the project. (c) The light, relatively non-skilled industrial work obtained was suitable for patients on the basis of work experience prior to illness, most having done relatively non-skilled work all their lives. (d) For many patients, this type of work was also particularly suitable to the present physical and psychological condition. Patients often expressed the idea that simple tasks which they "don't have to think about" were more satisfying to them than more complex undertakings.

3. There was considerable range in productive capacity, patients falling into three groups in regard to hours worked, earnings, and subsidy requirements. Twenty-seven percent of the patients were in group I, the most productive group. These patients worked for three to, in a few cases, seven hours per day, earned $7 to $20 per week and required from 0 to 9% subsidy. The largest portion of patients, 58%, were in the moderately productive group II. These patients worked for from two to three hours a day, earned from $5 to $7 a week and required from 9% to 49% subsidy. Group III, the least productive group, contained 15% of the patients. These patients worked for less than two hours a day, earned from $3 to $5 a week and required over 50% subsidy.

   The average work day was two hours, and the average weekly income $5.60. The average subsidy was 9.8% of earnings. (Patients were paid at piece rates and those who failed to average 40¢ an hour subsidized up to this amount.)
4. Although the patients' earnings were modest, for many the money represented a significant portion of total income. The majority of Home Care patients have very marginal incomes from such sources as Social Security benefits, pensions, public welfare and contributions from adult children. The $5 or $6 a week which the patient earned, when added to the not uncommon basic income of $125 a month, constituted a 15% or more increase in total income.
5. Not all patients admitted to the project accepted work activity. Of the 63 admitted, 20 rejected work. The most prevalent reason for rejection of work was that the patient felt himself too ill to work after he had been admitted. Patients suggested for the project by the staff rejected work more frequently than those who requested admission.
6. Study of the impact of work had been completed on 33 of the 43 patients who worked. It was found that patients responded both positively and negatively to work activity. Positive reactions were observed with by far the greatest frequency. The response to work was generally positive for 30 patients; 16 of these also reacted negatively in some respects. The response to work was entirely negative for 3 patients.

   Work activity most frequently was accompanied by improvement in the patient's psychological condition. For 31 of the 33

patients studied, such change was observed. The most frequently observed psychological reaction was improvement in self-concept.

Twenty-five of the 33 patients studied showed changes related to medical condition. Most frequently there was improved attitude towards illness as evidenced, for example, by fewer complaints about symptoms, generally increased ambulation and activity.

Changes in patient-family relationship were reported for 18 of the 33 patients studied. Here the change was seen most often in the patient's attitude toward his family, for example, patients feeling less dependent on their families both physically and emotionally, and complaining less about the amount of attention they received. Family attitudes toward the patient changed less often than did patient attitudes toward the family.

Negative reactions to work were observed particularly in patients who had unrealistically high expectations as to their productive capacities. Reactions included lowering of self-esteem and increased concern with illness.

7. Analysis of the cost of operation indicated that the minimum cost of including work activity in a Home Care Program comparable to the Montefiore Program would range from $5,000 to $8,000 a year. The essential services required are soliciting of industrial contracts, supervision of patient work activities, and pick-up and delivery. Minimum staff requirements are a vocational rehabilitation specialist — a full or part-time depending upon the amount of time required for work solicitation — and a pick-up and delivery man.

   Once the work program is established, the cost of servicing additional patients is minimal. This project is limited in size by the number of Home Care patients who are appropriate for work activity. From 10 to 15 additional patients could be serviced with very little increase in cost.

8. The project's relationship to D.V.R. demonstrated that a homework program for severely disabled patients can function as a "proving ground" to justify provision of services by the state agency to patients heretofore considered ineligible. This experience pointed to the need for vocational rehabilitation facilities to reexamine their criteria for provision of services and to consider whether services to clients with more moderate productive capacities

are warranted. The problem becomes more and more pressing as the increase in the incidence of chronic diseases continues.

Modifications and Ideas for the Future — Jobs for the Homebound was developed within what is probably the most comprehensive medical Home Care program existing and therefore it was recognized that the work program could not be duplicated in its entirety. However, the specific services in connection with work activities which were provided by the project staff and the Home Care staff could probably be provided to similar patients receiving their medical care from other sources. The final project report will describe staff functions in detail and will present blueprints for the following types of programs: (a) homework program servicing patients on more than one Home Care program, i.e. New York City Home Care programs; (b) independently operated homework program geared to patients in the community with marginal productive capacities; (c) expansion of established homework program to include clients with lower productive capacities; homework program emanating from sheltered workshop; (d) homework program emanating from a hospital workshop.

Jobs for the Homebound will become a permanent service of the Home Care Department at the close of the fifth year of the project, March 1, 1961.

For further information write to:

Director
Jobs for the Homebound Project
Department of Home Care
Montefiore Hospital
210th Street and Bainbridge Avenue
New York 67, New York

DEMONSTRATION AND RESEARCH PROJECT FOR THE EFFECTIVENESS OF A COMPREHENSIVE PRE-VOCATIONAL PROGRAM IN ENHANCING THE READINESS OF PHYSICALLY AND EMOTIONALLY HANDICAPPED HOMEBOUND HIGH SCHOOL STUDENTS FOR VOCATIONAL TRAINING AND EMPLOYMENT

Setting

The Federation of the Handicapped has had a profound interest in homebound youth. In the course of the past seven years, it has evolved a pattern of cooperation with the New York City Board of Education which has demonstrated a new educational approach to "homeboundedness." When the Board of Education project was initiated, the need was imperative. Large numbers of physically and emotionally disabled high school students were receiving home instruction because the nature of the disability was so severe as to preclude the feasibility of providing them with classroom placement.

The lack of classroom experience was seen as having negative connotations for these youths because:

1. There were inadequate opportunities for socialization.
2. They lacked the learning stimulus of a group experience.
3. The types of instruction possible in the home were limited by environmental factors and shortages of equipment.

In an effort to experimentally explore this problem, the Federation of the Handicapped agreed to develop cooperative relationships with the Bureau of Handicapped Children of the New York City Board of Education. A pattern of relationship was evolved through which the Board of Education provided personnel and materials while the Federation of the Handicapped provided facilities and equipment.

The program was and is fundamentally educational. It permits the skilled trained teachers of the Board of Education to offer an infinitely greater variety of learning experiences including group discussions, work projects, and recreation to a group of young people who have been educationally handicapped as a result of isolation and social deprivation. The history of the program is studded with instances of rehabilitation occurring

despite the fact that the project has not been rehabilitative in emphasis. It has seemed that without directly planning for vocational goals, the presence of these young people in a vocationally oriented agency and the broadening of their horizons has enabled numbers of them to move out of the status of homebound into a wider participation in community life. Each year has seen some of the students in the project graduate into jobs or return to regular classes in the public day schools.

This favorable experience was encouraging. It had become apparent that many of these severely disabled young people have potentialities for vocational adjustment. However, it seemed that these potentialities needed to be identified, nourished, and developed long before school leaving takes place. This was confirmed by the observations made of the vocational problems of homebound youth:

1. They tend to lack work habits. Since many of their activities are individualized, they tend to lack an awareness of group pressures and standards. Confronted by such pressures after graduation, they may be poorly prepared to accept them and work within their limitations.
2. They tend to be overly concerned with self and insensitive to the need for acceptance of supervision. Emphasis seems to be placed in large part, upon their own feelings and needs rather than upon the demands of the job.
3. They tend to be unrealistic about their own abilities and the limits of their strengths and weaknesses.
4. They tend to lack a working knowledge of the world of work. They are unfamiliar with job opportunities and requirements and the demands of the labor market.
5. They tend to make unrealistic occupational choices.
6. They tend to lack saleable skills in the world of work.
7. They tend to lack skills in working with others in cooperative enterprises and in adjusting to the less satisfying aspects of jobs.
8. They tend to reveal a lack of readiness to take responsibility and to conform to the demands of job situations.

The Board of Education program, being essentially educational in emphasis, has focused primarily upon the activities required in a secondary school curriculum. Within that structure it has been highly successful.

However, our experience pointed to the need for a supplementary type of experience which is clearly vocational in character. Since the homebound students are visited only twice a week by teachers and other educational specialists, they have large blocks of free time to participate in a vocational program.

Consequently, in response to this need, the Federation of the Handicapped, in cooperation with the Office of Vocational Rehabilitation, the Division of Vocational Rehabilitation of New York State, and the New York City Board of Education established a project for the Vocational Counseling and Prevocational Training of Physically and Emotionally Handicapped Homebound High School Students.

Objectives

The underlying philosophy of the High School Homebound program is that youths who are homebound because of a physical and/or emotional impairment should and can be assisted to attain a level of vocational functioning consistent with their capabilities and physical and emotional capacities. Though this program has as its major focus prevocational evaluation and exploration leading to work training and work experience, it also considers the individual's total life environment and functioning. As a result, the evaluation of physical, psychological, and social areas is being conducted as an additional essential element of a comprehensive program.

The aims of the Program are to:

1. Provide a setting which will offer homebound adolescents certain educational, social, psychotherapeutic, group and work experiences (available in the normal course of events to non-homebound individuals) in which they would not otherwise have an opportunity to participate.
2. Provide, through this process and experience, assistance in achieving higher levels of functioning along a continuum of readiness for vocational training and employment. In some instances, helping them to overcome their "homeboundedness" might lead to employment in industry, business, and/or sheltered workshops.
3. Provide research evidence for professional workers in the relationship of vocational, social, and psychological problems to the homeboundedness of youth.

4. Provide a medium through which the techniques used in the concept of readiness can be established and evaluated.

In order to help students with their particular problems, the Program provides:

1. A comprehensive diagnosis of client aptitudes, abilities, interests, problems, and limitations;

2. A comprehensive treatment service which includes group and individual counseling, testing, vocational education, and an opportunity to engage in a variety of work experiences on a trial basis via work samples, job try-outs, and future possibility of paid work experience.

The educational and vocational experience provided by this program is helping to supply the needs we have identified in homebound adolescents, and assisting in the determination of feasibility for further training and/or employment, as well as the formulation of realistic, attainable vocational objectives.

In addition to the service aspects of the program, it is also the purpose of the Project to:

1. Use the medium of research for suggesting basic techniques of working successfully with homebound adolescents, and to study the implications of this research for rehabilitation services in other settings; and

2. Develop scientifically sound, objective methods for evaluation and prediction, as well as to accept the subjective aspects of evaluation that add another important dimension to pre-vocational appraisal.

Administration

The Project functions as a separate program of the Federation with some integration of services for pre-vocational evaluation of students within established departments of the agency. It operates under a separate budget with funds from the U. S. Office of Vocational Rehabilitation and the Federation of the Handicapped plus payment for client services by the New York State Division of Vocational Rehabilitation.

Selection Criteria

The criteria for service are divided into Referral Criteria and Acceptance Criteria, as listed below:

Referral Criteria for the New York City Board of Education:

1. *For All Students*
   a. Homebound status with the Board of Education
   b. Beginning junior or senior year
   c. Physically disabled or emotionally disturbed
   d. Potential for learning
   e. Student desires to participate after orientation
   f. Recommendation by Board of Education for participation in program
   g. Approval of parents for participation in program
   h. Some potential vocational capacity
2. *For the Emotionally Disturbed*
   a. Approval of student's psychiatrist or therapist that program is within capacity of student
   b. Ability to use public transportation if at all possible
   c. Capable of adjusting to simple group structure for most of day
3. *For the Physically Disabled*
   a. No immediate plan for hospitalization
   b. Approval by physician that program is within capacity of student
   c. Ability to travel to Federation by special or public transportation
   d. Competent in Activities of Daily Living

Criteria Used by Federation and the Division of Vocational Rehabilitation for Acceptance of Students:

1. *For the Emotionally Disturbed* — The following to be based on psychiatric evaluation:
   a. The student is emotionally ready for this program
   b. There is a reasonable expectancy that the client will be employable when training is completed

2. *For the Physically Disabled* — The following to be based on medical evaluation:
   a. The student is physically capable of undertaking the program
   b. Degenerative diseases — there is a reasonable expectancy that client will have a two-year work-life expectancy when he completes program
   c. Epilepsy:
      i. Client must be under active, continuing care of neurologist: i.e., visits one-three times a year
      ii. Client must follow rigidly medical recommendations regarding medication, diet control, as well as needs to acquire sufficient amount of rest and sleep
      iii. Clients with seizure history who also have signs of severe organic brain damage and/or degenerative brain processes will not be accepted
      iv. Client's prognosis is such that with psychotherapy, prevocational work try-out, and/or treatment, student at the end of the project is likely to have seizures under adequate control, i.e., not more than one grand mal once in 3 months, and in both grand and petite mal, there be an aura which would help prevent self-harm.
   d. Motor Involvement (Cerebral Palsy or other). This will not be judged as a single factor but will be considered in combination with intelligence and/or ability to communicate. If the client is severely handicapped in all extremities, i.e., quadraplegic, acceptance for project would presuppose at least dull normal intelligence and some adequate means of communication, and at least one of the following:
      i. Ability to ambulate, i.e., the ability equivalent to an individual acceptable for doing inside and/or outside messenger work.
      ii. Good control and use of at least one hand though involvement may include spasticity, athetosis, tremor, or muscle weakness.

Note: There are no age specifications. Clients are secured from all boroughs of New York City except Staten Island.

Services Offered

The Service Program begins with a two-week Orientation Program which includes the following:

1. General introduction of students to each other
2. Meeting of personnel and tour of Federation facilities
3. Specific orientation to Federation of Handicapped Departments, applicable for future student use: Homework Division, Electronics Assembly, Letter Shop
4. Discussion of project, aims, purposes, also how project will function in relation to New York City Board of Education Program and with New York State Division of Vocational Rehabilitation (for both students and parents)
5. Discussion of what is expected of students participating in program:
   a. Attendance
   b. Punctuality (sign in or time clock)
   c. Notification of illness (also to transportation facility)
   d. Responsibility for students' own learning and improvement
   e. Cooperation
6. Discussion of what students can expect from the program
7. General discussion of selecting vocations
8. Orientation to world of work — role of the worker and the meaning of work to the individual and in our culture

Additional orientation to be continued throughout the Program includes field trips to business and industry, rehabilitation centers and colleges, when possible.

Depending upon the needs of each individual student, the following services are being rendered:

1. After the initial medical examination, specialized evaluations of the eyes, etc., will be purchased on an "as needed" basis. First aid for minor injuries or illness will be taken care of by the staff, but students becoming seriously ill (physically or emotionally) or injuring themselves while at the Federation, will be taken to St. Vincent's Hospital accident room. The student's private physi-

cian as well as the parent or guardian will be notified of this illness.

2. Home visiting and family case work is offered on a selected basis to those families needing this service.

3. Psychotherapy and group therapy on a selected basis for the students under the supervision of the psychiatrist are being carried out by the psychologist and the psychiatric social worker. Additional consultations with the psychiatrist are offered to students and parents when necessary.

4. Pre-vocational evaluation, through occupation therapy media (crafts, hand tools, power tools, clerical and mechanical work samples) and additional work try-outs in various situations at the Federation and later in the community, will be explored.

5. Vocational exploration and counseling are being carried on through the use of occupational information, field visits to rehabilitation centers and industry, training centers or business; work try-outs at the Federation office with concommitant group counseling re jobs and the demands of the world of work. Individual vocational counseling and group discussions as well as conferences with parents are scheduled on a regular basis.

6. Special services such as speech therapy, remedial reading, and remedial education are arranged through the New York City Board of Education.

Staffing

The Executive Director of the Federation of the Handicapped is the Director of the Project and carries out the over-all policies (determined by the Board of Directors) of the Agency. The Coordinator of the High School Homebound Project is directly responsible to the Executive Director in his capacity as Project Director.

The staff of the Project includes a psychiatric social worker, psychologist, and two occupational therapists (functioning as pre-vocational counselors) on a full-time basis, as well as a part-time staff consisting of a physiatrist, a psychiatrist, and a research consultant and vocational counselor.

Relationship with Other Servicing Agencies

Board of Education — Initial contact with the New York City Board of Education was made in order to determine the need for such a program prior to application for an Office of Vocational Rehabilitation Grant. Continued contacts were made thereafter until the start of the Project. The Bureau of the Education of Physically Handicapped Children and the Bureau of Educational and Vocational Guidance worked particularly closely with the Federation of the Handicapped in:

1. Setting up criteria for referral of students by the home instruction teachers;
2. Interpreting the Program to the teachers and supervisors of the homebound students; and
3. Expediting the referral of students for screening process.

This cooperative relationship continues to operate through the Federation's being helped to work out various problems in the scheduling of students entering the program, in making additional needed referrals, and participating in the orientation of the students. Periodic meetings with the teachers of the students accepted for the program take place for mutual, beneficial discussions of how best to help these students.

New York State Division of Vocational Rehabilitation — Contact was made with various Directors and Supervisors at the Division of Vocational Rehabilitation prior to the Office of Vocational Rehabilitation Grant application in order to determine the need for this type of service. Thereafter, continuous, periodic contact has been maintained and many meetings have been held to iron out problems arising with the students as well as to work out criteria with the Division of Vocational Rehabilitation for the acceptance of students into the program. Every effort has been made on the part of the New York State Division of Vocational Rehabilitation to include as many types of students as possible because of the research aspects of the Project. A Division of Vocational Rehabilitation Counselor was assigned to the Project to expedite the processing of the students, to maintain continuous services to the students during the operation of the Program, and to function as a participant in the case conferences.

Others — Community contacts for obtaining adequate medical information from the physician or clinic treating the student include the social

service departments of the treatment agency as well as other social agencies with whom the client is known to have maintained contact.

Results and Evaluation

Some of the results obtained from the first client service year were:

1. There was found to be a need for closer integration of all the services being offered, through having periodic reevaluation conferences as well as regular staff conferences and case conferences.
2. For the multiply disabled, the primary diagnosis in the medical record may have been secondary in terms of pre-vocational evaluation and vocational training.
3. In the area of the emotionally disturbed there were not adequate enough initial diagnoses and prognoses in order to be able to set goals for these students.
4. The low I.Q. distribution of the group points up the fact that mental retardation in many instances contributes to the multiplicity of disabilities.
5. In evaluating the project, students felt that one of the major gains was in the area of socialization and in changing their minds about future vocational goals; another factor of impact was in gaining self-confidence.
6. There appeared a need to provide a set-up quite similar to a school situation with all the demands of structure, discipline, and vocational guidance inherent therein.
7. The teachers of the students felt that the project had been of benefit to their students in the area of social acceptance and aroused family interest in vocational potential.

Problems in working with the youngsters revolve around the resistance of both students and parents in accepting continuous medical supervision, as well as parental resistance in working with project personnel in helping to work through the students' problems. The students had great difficulty in arriving at and working through realistic vocational goals. Part of this problem was due to unrealistic goals of the parents being imposed on the youngsters in addition to the unrealistic goals usually selected by "normal" adolescents.

Many of the students had or have had multiple disabilities (for exam-

ple, in the current population, 34 of 47 students need supportive counseling or psychotherapy), and it was this multiplicity which rendered the youngster educationally homebound. Another of the problems arising with these youngsters is the rather severe educational deficit in reading and arithmetic which affects their ability to take advantage of training in the area of vocational choice. (Remedial reading is, however, being offered to one-third of the students.)

Because of the vocational nature of the Project, the attitude of both the parent and the student toward the Program as a means of socialization demands continuous periodic reiteration of the over-all goal.

The major unmet needs of the program include being unable to offer psychotherapy to all students needing it and in not being able to offer family case work to a sufficient number of students and parents. Another unmet need is in the area of pre-vocational evaluation where it is difficult to secure enough diverse work tasks in the bench assembly area.

For further information write to:

Project Coordinator
High School Homebound Project
Federation of the Handicapped
211 West 14 Street
New York 11, New York

PROGRAM FOR THE HOMEBOUND IN NEW YORK CITY of the NEW YORK STATE DIVISION OF VOCATIONAL REHABILITATION

Setting of the Program

Where Is It Taking Place?—

This highly organized program for the homebound, based primarily on industrial homework, is limited to the five boroughs (counties) of New York City. In the remainder of the state the homebound are served, where practicable, by counselors carrying diversified case loads; but the limitations of work opportunities and the absence of specially organized facilities greatly restrict the number for whom such a program is feasible at this time. A homebound person, in an area other than New York City, usually is accepted for service by the New York State Division of Vocational Rehabilitation only if it is felt that a practical program to prepare such person for self-employment is possible.

How Is It Set Up?

Motives and forces that brought it into being — There has been a general modification in the attitude of the State Vocational Rehabilitation agencies serving those disabled homebound persons who are eligible under the law to the extent the resources and obligations of the agencies will permit. In the years immediately after the end of World War II, attention was increasingly focused on the possibility of adjusting into some kind of part-time or limited full-time work some of those persons who heretofore had been regarded as not susceptible to and feasible for rehabilitation because of the severity of their handicaps and their homebound condition. The shortage of professional staff with necessary competencies, the high cost in money and staff time of serving this group, and the great lack in most areas of organized homework facilities for the disabled homebound person had forced the states to severely limit service to the homebound in terms of the actual employment opportunities which existed in the community.

The New York State Division of Vocational Rehabilitation decided to explore the possibility of providing directly services necessary to accomplish the vocational rehabilitation of the homebound person. The State agency undertook to do this to meet a need, even though it was recognized

that many of such services more properly fell within the orbit of the responsibilities of private non-profit social agencies since few were equipped nor willing, until recently, to carry on such phases of the homebound programs. In 1948 the present Supervisor of the Homebound and Amputee Unit in the New York City District Office of the Division was assigned to do the necessary exploration and to undertake the development of a program for the homebound. Because of certain unique factors which existed in the metropolitan area, the program for the homebound at first was geared to industrial homework rather than homecraft production, as was the case in a few of the other states where the state agency had developed a program for the homebound. A program of direct services to the homebound was developed which included all preparatory services and the establishment of a direct relationship between the licensed employer in competitive industry and the homebound person. In recent years there have been some changes in the program, as described in the following sections, which were designed to meet existing needs.

Objectives — To attempt to move the homebound person out of the homebound category, when possible, through provision of physical restoration services or through supportive counseling leading to confidence in attempting employment outside the home.

To offer work training and remunerative work opportunities to those eligible, disabled persons who cannot leave their homes to travel to and from a place of employment and for whom a practical program can be devised which will result in employment at home.

Administration — Service to the homebound is part of the program of the Division of Vocational Rehabilitation in the New York City District Office. The provision of such service is the responsibility of the Homebound and Amputee Unit, one of a number of functional units in the New York City District Office of the Division. The staff in such unit providing service to the homebound includes a supervisor who, in addition to being directly responsible for the promotion and operation of the Homebound Program, also supervises service to amputees; and two vocational rehabilitation counselors who are assigned to work with homebound cases only. (The professional staff of the total Homebound and Amputee Unit consists of the supervisor and seven counselors.)

Financial (*Where Do The Funds Come From?*) — The program of services for the homebound does not operate under a separate budget.

Funds for administration and case services are provided in the general budget for the operation of the Division, and specifically in the budget for the operation of the New York City District Office of the Division. Costs are met by matching Federal and State funds under the provisions of PL 565.

Who Is Serviced by the Program?

Population Served

There is a lack of comprehensive statistical information to assess the size and characteristics of the homebound population in New York City. A survey by the Community Council of Greater New York appears to indicate that there is a minimum of 21,000 homebound persons in New York City. However, the 1955 HEW Study estimated that there were at least one million homebound in the United States; this ratio applied to the population of New York City indicates that there are more probably some 45,000 handicapped homebound persons in New York City. However, it is not known how many of this number are potentially employable; the experience of the DVR Homebound Unit in New York City would indicate that probably no more than 30% are employable.

At any one time the caseload handled by the two counselors for the homebound does not exceed 230 cases. It is hoped that recent developments will gradually enable a larger number to be served.

Selection Criteria

Disability

1. The extent of the disability is so severe as to prevent travel to and from a place of employment, thus rendering the person homebound.
2. The condition is such that it will not be aggravated by engaging in homework activity. (This is especially important in progressive and severe chronic conditions.)
3. The prognosis is such that a reasonable period of productive activity can be expected.
4. The condition does not have any element of contagion.
5. The disability renders the person permanently homebound. (This Division does not accept applications for homebound services where the person has a convalescent status involving temporary

confinement or unknown final degree of disability. If the condition can be improved by surgery or treatment sufficiently to permit the person to leave home for employment, this must take precedence over consideration of homework.)

6. The applicant has sufficient use of the hands and arms and at least normal dexterity and speed for employment as an industrial homeworker.
7. The applicant's condition permits work at least six hours per day. (This is necessary because production is essential in industrial homework.)

Note — The New York City District Office of the Division has accepted and been able to provide constructive service to persons with a wide range of disabilities which caused their homebound conditions. The Division provides services to all categories of disability except the blind. The degree of manual manipulative ability is an important factor in the determination of employability as a homeworker. The criteria for acceptance by the Program for the Homebound of the DVR in New York City derived from experience in preparing and placing the homebound in industrial homework in a direct employer-employee relationship with duly licensed firms in private industry. Under such a reality situation we found that the homebound were not employable unless they had the productivity (both in terms of output per hour and numbers of hours tolerance per day) to meet the requirements necessary for direct employment by industry. Such selection and restriction were necessary in view of the production quotas and deadlines which characterize sub-contract work. Five years of recent experience in a second phase of the Division's homebound program, i.e., a cooperative homework program developed with a private rehabilitation agency, indicated that this approach was necessary even where the employer was a private social agency. We, therefore, found it sound practice in the operation of an industrial homework program to provide service primarily to those disabled homebound who were limited in productivity only by the inability to convey themselves unassisted and by ordinary means to a place of employment.

One of the goals of our screening procedure is to select those homebound applicants with dexterity high enough to predict potential ability to earn the Federal minimum wage of $1.00 per hour after training is completed. Although we generally reject those with less than normal

function of the upper extremities, we have accepted for service homebound individuals who are able to compensate in spite of arm disabilities. During the fiscal year 1957, the largest disability group (23%) were those homebound due to disabilities resulting from arthritis while the next largest group (21%) were those homebound due to disabilities resulting from poliomyelitis. Some of the other disability groups rehabilitated included: cardiovascular disabilities — 15%; diseases of the nervous system — 10%; congenital malformation — 8%; muscular dystrophy — 6%; diseases of the respiratory system — 4%.

Age —

The average age of acceptance of homebound persons rehabilitated in home employment in the survey noted above was 44.5 years. The percentage of homebound rehabilitants age 55 and older was 25%. The range was from age nineteen to seventy-one. While the above would indicate that the program has had some success in working with the older homebound person, we have found from experience that the person in the sixties generally has difficulty in meeting the dexterity and productivity requirements of industrial homework.

Location —

Service is limited in this program for the homebound to those living in the five boroughs of New York City. Service may be provided, however, on an individual basis to prepare for self-employment, etc., to those living in other areas of New York State and to prepare for homecraft work in other areas where an outlet for the product can be established.

Sex —

Of those rehabilitated, 31% were males and 69% were females. Only very limited industrial homework has in the past been available for men. Most of the work which the average man considers a "man's work" is not generally available for distribution as homework by licensed homework employers in New York State. It was in part to meet the needs of this group that the Division was motivated to develop its program.

Program — How Is It Being Operated?

Who May Be Eligible?

Any resident of New York State of employable age and available for employment who, because of permanent disability which constitutes a

substantial handicap to employment severe enough to render her or him homebound but which is of such nature that vocational rehabilitation services may reasonably be expected to render him fit to engage in a remunerative occupation, is eligible. PL 565 defines "remunerative occupation" to include remunerative homebound work.

Definition of Homebound

We define the homebound as those severely disabled persons whose physical or mental condition prevents them from leaving their homes to travel to and from a place of employment regularly and dependably. We do not include those who are temporarily homebound.

Services Offered

The Division provides all those services and goods necessary to render an individual who is homebound due to a physical or mental disability fit to engage in homebound work of a remunerative nature, including:

1. Diagnostic and related services (including transportation) required for the determination of eligibility for service and of the nature and scope of the services to be provided. The diagnostic study includes a complete evaluation of pertinent medical, social, psychological, and vocational factors in the case. The medical diagnostic study includes a complete general medical examination and specialist examinations as needed to determine the individual's limitations and capacities and to estimate the probable results of physical restoration services. The diagnostic study serves as the basis for selecting an employment objective commensurate with the individual's capacities and limitations and in which placement as a homeworker is reasonably probable after termination of preparatory services. It also provides pertinent data helpful in determining the nature and scope of services to be provided for accomplishing the individual's vocational rehabilitation objective.
2. Guidance and counseling. Counseling is provided to the homebound individual by the vocational rehabilitation counselors assigned to work with the homebound in connection with that individual's vocational potentialities and the health, personal, and social problems related to his vocational adjustment. The counselor also provides necessary assistance to the individual in developing an understanding of his capacities and limitations, in selecting a suitable occupational goal, and in using appropriately the medical

services, training, and other rehabilitation services needed to achieve the best possible vocational adjustment.

3. Physical restoration services. Such services include: surgery or treatment for stable or slowly progressive conditions which affect occupational performance and which are of such a nature that surgery or therapy may be expected to eliminate or substantially reduce the handicapping condition within a reasonable period of time; necessary hospitalization in connection with the above and such prosthetic devices as are essential in obtaining or retaining employment.
4. Training. This includes vocational, personal adjustment training, on-the-job training, and other rehabilitation training which contributes to the individual's fitness for employment.
5. Transportation incidental to provision of diagnostic or other vocational rehabilitation services.
6. Maintenance needed to enable the individual to derive full benefit of other rehabilitation services being provided.
7. Training supplies and occupational equipment.
8. Placement in suitable homebound employment and follow-up after placement to assure that the vocational rehabilitation of the client has been successfully achieved.

Comments on the above services —

Financial Need: The above services are provided in such combinations as may be needed to accomplish the individual's vocational rehabilitation objective, some of which may be provided only on the basis of financial need. Physical restoration, maintenance and transportation (other than for diagnosis) training supplies and occupational equipment are provided to eligible individuals found to be in economic need. Diagnosis, guidance, training and placement are provided without formally establishing economic need.

Training: The training provided includes tutorial training at home, on-the-job training at a homework employer, a short period of centralized training at the headquarters of a sheltered workshop or a combination of the above. Under 1956 revisions of the regulations pursuant to the Fair Labor Standards Act, the State rehabilitation agencies now have a delegation of authority to issue OJT certificates (for a period not to exceed 90 days in each case) at sub-minimum rates for handicapped

workers employed in commercial industry. This clause is specifically used in New York State for those homebound clients of the DVR being prepared for industrial homework employment by commercial firms licensed by New York State to employ homeworkers.

Four-phase DVR Program for the Homebound

1. Training and placement as a homeworker for a licensed homework employer in competitive industry. The predominant emphasis and historically the original basis of the Program for the Homebound in New York City of the New York State Division of Vocational Rehabilitation has been on industrial homework jobs of a subcontract nature which we are able to develop under the very stringent industrial homework laws of New York State. The enunciated policy of the State law regulating industrial homework is to discourage it. In this program we locate a potential job, transport and train the worker on the premises of the firm to provide skill, issue an OJT sub-minimum wage certificate to protect the homebound person's employment while he is developing speed in the skill to the point of earning at least $1.00 per hour, arrange for the necessary federal and state homework certificates and provide any placement equipment needed for the work.

2. Joint homebound program with a private agency (the Federation of the Handicapped). Since 1955, the New York City DVR has gradually been shifting the emphasis of the program to provide rehabilitation services for the homebound when possible. In order to achieve this, the Brooklyn Bureau of Social Service was induced to agree to a small extension of their already existing program in Brooklyn (the only private agency program for the homebound in the metropolitan area). Federation of the Handicapped was induced to extend their service to include a total homebound program, including homework employment after termination of training. The reasons which led to the development of this latter program were to meet a need of two groups of homebound persons: those who are unable to make any arrangement for pickup and delivery of homework from a private homework employer; and male homebound persons for whom there was only very limited homework available from legally licensed homework employers. The latter joint program is now serving over 80 homebound persons with a payroll of approximately $1500.00 per week.

3. Homework of a "white collar" nature. In areas where this is feasible the New York City DVR has for a long time prepared and placed clients in homebound employment as telephone solicitors. It has also placed clients as homework typists for letter shops, although this work has many limitations. More recently, the New York City DVR has developed openings for transcription typists for reporting firms. This is a highly skilled typist job which requires potential ability to do transcription typing of medical and legal material. For this objective the Division provides intensive training in: speed typing; stenotyped note reading; transcription from a dictating machine; and On-The-Job Training in technical terminology, both legal and medical. The Division also provides the necessary placement equipment to enable the client to function in this objective.

4. Homecraft and self-employment programs. We use the homecrafts program and the self-employment program described below primarily for those homebound clients who have severe impairment of the upper extremities which preclude adjustment in an industrial homework program.

Homecraft Program — A craft program for some of our homebound clients has been developed based upon a marketing arrangement developed with a non-charitable organization. This is a quite recent and potentially a very significant development in the activity of the Homebound Unit in attempting program development to resolve unmet needs of the homebound.

During the past twelve years, the Supervisor of the Homebound Unit has explored the possibility of handcraft work on an organized program basis for those whose limitations of upper extremities caused lack of dexterity needed to meet the demands of industrial homework. In a few cases, his personal efforts resulted in dramatic rehabilitations in craft work of very severely disabled persons; however, such cases involved intensive and very time consuming missionary sales work. The experience gained by the Supervisor in his pilot efforts for this group made it evident that an organized home industrial program for homebound persons which was based upon handcraft work was not feasible as a basis for regular and substantial income producing activity unless there could be secured the assistance of cooperating private agencies who would assume the responsibility for the regular and adequate marketing of the homecraft products made by the homebound clients of the Division's New York City Office. The New York

City DVR efforts over an extended period of time to elicit such cooperation were not fruitful. In the Spring of 1958, an individual, who was operating a non-charitable distributing agency of the products made by the blind and to a very limited extent of the products made by other handicapped persons, was referred to the New York City DVR by an official in a cooperating State agency. The enterprise was being operated almost entirely on the basis of house to house sales. The Division took this opportunity to experiment in the developing of new methods for marketing homecraft products produced by handicapped persons — with such methods not to be based upon the assistance of private non-profit social agencies. As a result of the Division's guidance, the method of operation was changed and the major emphasis was placed on industrial and commercial exhibits and sales rather than on house to house sales.

This private business organization is permitted by the Division to represent itself as a chief distributor for the organized distribution of handcraft products made by the homebound clients of the Homebound Unit of the Division's New York City Office. Its activities and personnel are subject to scrutiny by the Division. The results to date of this marketing arrangement have been encouraging — although it is still in its pilot stage. Several hundred exhibits and sales have been held and fourteen severely handicapped homebound persons are being rendered partially or fully self-supporting.

Self-Employment — In most areas of the country the only opportunity for the homebound individual to attain some degree of self-sufficiency is through self-employment. This aid in the establishment of a small business enterprise is, therefore, the only service which all State rehabilitation agencies traditionally have provided to the homebound and with considerable success. The Division of Vocational Rehabilitation Program for the Homebound of New York City has trained and otherwise assisted a number of homebound persons in the establishment of small business enterprises when the overall situation was feasible for this solution of the homebound person's problem. Some examples are: a quadriplegic was trained in insurance brokerage, provided with special automobile transportation to attend an insurance school and was provided with placement equipment after obtaining a broker's license; a World War II veteran, homebound due to hemipelvectomy performed because of cancer, was provided with assistance,

including placement equipment and an especially designed prosthesis, to establish himself in self-employment as a barber; and a client, confined to a wheelchair due to disabilities resulting from chronic adhesive arachnoiditis, was provided with assistance in establishing a small business enterprise, producing hand-wrought sterling silver costume jewelry. However, it should be noted that only a small proportion of rehabilitation programs for the homebound in the New York City Program for the Homebound have been to prepare these clients for operation of a small business enterprise; the overwhelming emphasis of the Division of Vocational Rehabilitation Program in New York City has been to train homebound persons for the performance of industrial homework of a contract nature.

Staffing Pattern — Counseling is provided by the counselors assigned to work with the homebound. Other services are either arranged or provided on a purchase basis. At times, homework employers in competitive industry provide training without being reimbursed but with the Division arranging an On-The-Job Training program under a temporary subminimum wage training certificate issued as per delegation of authority to this Division by the Wage and Hour Division. Pick-up and delivery of work for those prepared for and placed in industrial homework for industrial homework employers in competitive industry must usually be done by the client's family. All other training is provided on a purchase basis.

The staffing pattern of the Program for the Homebound of New York City Division of Vocational Rehabilitation has been indicated under the section on *Administration*.

Relationship With Other Service Agencies — Training and placement in industrial homework. As indicated, the Division's training and placement program of the homebound in industrial homework has become a double-barreled one. Through Phase II of the New York City DVR program, i.e., their joint homebound program with non-profit rehabilitation agencies (Brooklyn Bureau of Social Service and more particularly Federation of the Handicapped), some of the previous unmet vocational needs of the homebound now are beginning to be more fully met. While the New York City DVR will continue to provide direct service to the homebound and establish a direct relationship between the employer and the homeworker where this appears to be to the advantage of the homebound person, the joint program with the Federation of the Handicapped has

become a very important part of the total Division of Vocational Rehabilitation Program for the Homebound in New York City. It is hoped that the success of the joint program with the Federation of the Handicapped will now induce other non-profit agencies in New York City to cooperate similarly with the Division in establishing additional homebound programs.

Relationship With Federation of the Handicapped — The Division arranged with the appropriate State regulatory agency to have granted a variation to permit the Federation of the Handicapped to become a homeworker employer for the purpose of training and employing homebound clients of the Division in New York City who would be selected for such joint program. A "package program" fee was arranged to cover all vocational services needed for the preparation and placement of the client in employment, and this arrangement included responsibility of the Federation for pick-up and delivery of homework. The Division's rehabilitation counselors for the homebound do initial screening to determine if the client is suitable for the Federation's "package program;" if so, they refer client to the Federation as ready for inclusion on the Project. Then follows a two-week preliminary evaluation; this is a rough tentative screening device to determine if the client has the necessary work habits and probable tolerance to perform homework in general. If the result of the Preliminary Evaluation is negative, the DVR may either close the case or consider for other services. In some cases, no costs were involved for the Division when it immediately developed that the client was not suitable for the Project. If the Preliminary Evaluation demonstrated that client has the potentiality for homework, then client is placed in the six-week Regular Evaluaton under the "package program" (with the two-week Preliminary Evaluation absorbed in the "package" costs.) This "package" Regular Evaluation differs from the Preliminary Evaluation since its purpose now is to determine whether the client can develop the necessary skills to perform the various operations available in the Federation's Homework Program. The above screening procedure permits joint agreement with respect to acceptance for the Project by both the Division and Federation personnel.

In some cases, where due to unusual circumstances client is totally unable to leave the home even for training, client is evaluated by the team in his own home. There are weekly conferences of the joint

DVR Homebound Unit and Federation Industrial Project for the Homebound staff in order to assess the client's progress and to plan details of the future program, such as the type of work he will be given in the future. If during the evaluation period, the training period, or even after DVR closure, any difficulties arise, efforts are made by both agencies to resolve the difficulties; this may involve joint visitation to the client's home by the DVR counselor and the Federation supervisor.

Relationship With Brooklyn Bureau of Social Service — The Division also has an agreement with BBSS for the training and placement of homebound workers. The BBSS agreed at our request to, in effect, re-organize so as to provide rehabilitation services to the homebound clients of this Division to be paid for on a purchase basis. A variation was granted by the State regulatory agency upon recommendation by DVR to permit an addition to the homework quota of the Brooklyn Bureau to be used exclusively for the homebound trainees to be sponsored by this Division. The Division also entered into an arrangement with the Brooklyn Bureau to purchase service for our homebound clients on the basis of an initial four week period of evaluation to be followed, if this period indicated satisfactory work prognosis, by a nine week period of vocational training to acquire the specific skills and techniques needed for employment as a homeworker by the Brooklyn Bureau of Social Service. The above training was to be given on a tutorial basis at the home of the Division's homebound clients.

Relationship With Medical And Therapeutic Agencies — The Division provides for its client on a purchase basis as needed — either on an in-patient, out-patient, or home service basis — physical restoration services to enhance functioning ability and, therefore, increase employability as homeworker. Some of the agencies used on a purchase basis for this type of service are the New York State Rehabilitation Hospital, the Institute of Physical Medicine and Rehabilitation, the Visiting Nurse Association of Brooklyn, the Visiting Nurse Association of New York, and the prosthetic clinics of St. Vincent's Hospital and the Hospital for Special Surgery. We have at times also utilized the O.T. departments of hospitals in this area to determine feasibility of referrals for homework training and employment.

Results and Evaluation

Results of the Program

Is it meeting its goals? — The major goal of the DVR program for the homebound of New York City has been to provide, to homebound persons referred to the Division, training and placement in homebound employment to those homebound persons who are capable of doing, regularly and continuously, quantity and quality production in a home situation adaptable to homework and who are capable of earning the Federal minimum wage of $1.00 per hour after training. In respect to this group, our goal has been met. However, it is felt that referral procedures by community agencies can and should be improved as figures elsewhere in this report would indicate that many homebound who could profit are not being referred for service to this Division. The Division has been continually developing its program to meet evident needs as the situation in respect to available time and personnel made such efforts possible. The program for those with "white collar" objectives and the new homecraft program for those who are unable to meet dexterity requirements of industrial homework illustrate such developments. However, only a small part of such need is being met.

Problems Encountered — 1. Secondary benefits, including OASI-DIB and Department of Welfare allowance. A major problem in motivation for work has been the negative influence of the receipt of disability benefits under the social security law and the receipt of public assistance. The implementation of the concept of "substantial gainful activity" under the disability benefit provisions of the social security law tends to discourage the homebound from attempting rehabilitation and placement in homebound employment due to threat of either denial or cessation of disability benefits. In cases of those receiving public assistance, the amount allowed to be retained from homework earnings is up to $20.00 a month. This small percentage of retainable earnings has given rise to the feeling on the part of welfare recipients that they would be working without receiving the "fruits of their labor." In both of the above types of cases, the motivation, therefore, has been largely negative.

2. Inadequate screening by referral agencies. Due to inadequate screening by referral agencies, a substantial part of the limited time of homebound counselors has had to be used unproductively to do home visiting in order to screen cases who have little potential for employability.

Still Unmet Needs — 1. Those with limitations rendering them unable to meet industrial homework standards. Up to the present the Federation of the Handicapped has felt that it could not take more than a few "pilot cases" of this type because overhead costs in servicing this group would rise drastically. Of course, the additional factor is that it is necessary for the Federation and its homeworkers to meet production quota in contract work. Homework employers in competitive industry have found it unprofitable and not feasible to cater to the client with limited productivity.

2. The "white collar" group — there is very little feasible work available for this group other than those with extremely high potential, such as transcription typist for reporting firms. Many of this group, however, refuse to modify their vocational goals in order to meet the demands of the reality situation.

3. The "professional group" — this is a group of homebound for whom the possibility of service has been the least favorable.

How Would You Modify The Program?

Attempt to induce other non-profit rehabilitation agencies to extend their program to the homebound. This would enable:

Expansion of numbers being serviced with a limited DVR staff.

Opening of opportunities to those unable to meet Federal minimal wage standards.

Take steps to expand our homecraft program to service larger numbers.

Ideas For Future Operation Of The Program

Extension of program to homebound persons in custodial institutions — There is a very large group of homebound persons who can expect to be more or less permanently confined to hospitals, nursing homes, and homes for the aged. These groups have been receiving no service from the Division's Homebound Unit in the past — in part because of limitations in the State vocational rehabilitation law. Recent changes in the law remove such prohibitions. Careful consideration should be given in regard to the possibility of extending in the near future service to this group — perhaps on a pilot basis. Of course, it is realized that many problems peculiar to this special group must first be resolved before a large scale program for them can be implemented.

Homebound in other than the metropolitan area — the experience of the last twelve years in the operation of the Program for the Homebound in New York City, and more particularly our recent cooperative efforts with non-profit private rehabilitation agencies, indicates that it is possible to extend this type of program on a state-wide basis. It is, of course, recognized that staff with specific skills in the operation of a homebound program would be required to operate a state-wide program of this type by the State Rehabilitation agency.

For further information write to:

Supervisor, Homebound and Amputee Unit
New York State Education Dept.
Division of Vocational Rehabilitation
200 Park Ave. South
New York 3, N. Y.

THE ELDER CRAFTSMEN SHOP

A Project for the Aging

The Elder Craftsmen Shop, located at 850 Lexington Avenue, New York City, is a non-profit retail store which sells distinctive handmade merchandise produced exclusively by craftsmen sixty years of age and older. Operated by a small professional staff and volunteers, the shop is an outgrowth of the Hobby Show for Older Persons held annually in New York City over a period of years. A demand by customers as well as exhibitors for a sales center led to the organization of this activity.

The Shop opened in the fall of 1955 and now serves 400 individuals representing 177 cities, 28 states, and two foreign countries. Their ranks reflect bankers, lawyers, motormen, professors, maids, retired seamen, artists, housewives, etc. (It is interesting to note that approximately one-third of the craftsmen are older men.)

A vital part of the program is a professional consultation service which is made available to older people who may have an unique skill, but who need help in making their articles saleable. Finished products are passed upon by professional designers. The program maintains a high standard of workmanship in style and material, and the products range from distinctive toys to air weight luggage.

Consignors are paid upon acceptance of merchandise, and receive 75¢ out of each dollar of the selling price.

This experiment in services to the aging is successfully offering older men and women an opportunity to continue as participating citizens. Workshop and homebound personnel have, of course, recognized the element of unpredictability in this service to the homebound, under which the Elder Craftsmen Shop is classified. Most of the consignors have reached retirement and may choose what they want to make and when they want to make it. This causes some problems in merchandising, particularly during the holiday seasons. The Elder Craftsmen staff has met this problem with its usual skill by a "staggering" process of production which, for example, will assure an adequate stock for Easter in spite of the fact that a bumper Christmas business has caused most of the consignors to "take a little rest."

Because of the widespread interest in this project, the persons operating the Elder Craftsmen Shop have been asked for and have given generously of their knowledge and experience in the establishment of similar undertakings in other cities.

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Handweaver and Craftsman, Quarterly, $4. a year; 246 Fifth Ave., New York, New York

Hobbies, Monthly, $3.50 a year; Shuttle Craft Guild, Kelseyville, Calif.

Popular Ceramics, Monthly, $4. a year; Fred de Liden Enterprises, Inc., 6015 Santa Monica Blvd., Los Angeles 38, Calif.

Profitable Hobbies, Monthly, $3. a year; Modern Handcraft, Inc., 543 Westport Road, Kansas City 11, Mo.

The Home Craftsman, Bi-monthly, $2. a year; The Home Craftsman Publishing Co., 115 Worth St., New York 13, N. Y.

Specialized Magazines and Self-Help Books; 30 pages of lists of magazines and books on vocations; Commercial Engraving Publishing Co., Indianapolis 19, Indiana.